



County Borough of Reading.

Annual Report

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1923.

READING :

JOSEPH HAWKES, Branch of Greenslade & Co. (Reading) Ltd.,
STATION HILL.

COUNTY BOROUGH OF READING.

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FOR THE YEAR

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HEALTH COMMITTEE.

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RICHARD JAMES VENNER.

JAMES RICHARD VINCENT JONES.

HENRY WOOLDRIDGE.

ALBERT JAMES MAKER.

MATERNITY AND CHILD WELFARE COMMITTEE.

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EDWARD JACKSON, J.P.

Councillors.

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WILLIAM MATHIAS NEWHAM.

ALBERT WILLIAM TUDOR.

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MISS M. MAPLESDEN.

MR. C. A. PHILBRICK.

MRS. K. SHORTER.

MRS. M. A. JONES.

MRS. M. L. STANSFIELD.

OLD COLLEGE BUILDINGS,
ST. LAURENCE'S CHURCHYARD,
READING.

March, 1924.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF READING.

I beg to submit the Annual Report on the health and sanitary circumstances of the borough during the year 1923.

Vital Statistics.—The population for the mid-year 1923 estimated by the Registrar-General's method is 93,160.

The details of the Census have now been published and shew certain changes in the age distribution of the population—a deficiency in the numbers of children below ten years and of males at the mid-period of life, both a direct result of the war; an increasing proportion of persons of advanced years, indicating an increased expectation of life, the result of improving sanitary conditions.

The most important feature in the details of occupations is the very definite decrease in the numbers employed in the building trades.

The birth rate for the year was 18.3 which, except for the war years, is the lowest recorded.

The death rate was 11.12, a rate lower than that of last year.

The infant mortality rate was 51.6, a rate much lower than any recorded hitherto.

A statement shewing the sanitary progress of Reading during the past 50 years will be found on page 10 and a comparison of Reading with other towns on page 16.

Infectious Diseases.—The epidemic of scarlet fever continued during the earlier part of the year since when the incidence has been below normal.

A severe epidemic of measles began during the autumn and continued into the present year.

Diphtheria has been less prevalent throughout the year.

The tuberculosis death rate shews a slight increase.

The incidence of venereal disease has now fallen to about one quarter of the post-war maximum.

Maternity and Child Welfare.—The continued saving of infant lives as shewn by the constant reduction of infant mortality rates is a valuable tribute to child welfare work.

Dellwood Maternity Home continues its eminently successful work, the number of patients applying for admission being greater than can be conveniently dealt with.

The attendances at the various clinics continue to increase.

Housing.—The housing conditions in the borough shew little or no improvement. The houses erected have been able to do little more than meet the normal expansion.

In conclusion, I desire to express my indebtedness to all members of the staff for the zeal and loyalty with which they invariably perform their duties.

I am,

Your obedient servant,

H. J. MILLIGAN,

Medical Officer of Health.

STAFF.

Medieal Officer of Health.

H. J. MILLIGAN, M.C., M.D., D.P.H.,
of Gray's Inn, Barrister at-Law.

Tuberculosis Officer.

H. R. MINKLEY, M.R.C.S., L.R.C.P.

Medical Officers (part time) Maternity and Child Welfare.

SIDNEY GILFORD, M.B., Ch.B.
AGNES BERNFELD, L.S.A., D.P.H.

Visiting Medical Officer (part time) Park Hospital.

E. W. ROWLAND, B.A., M.R.C.S., L.R.C.P.

Chief Sanitary Inspector.

*†JAMES DODD.

Assistant Sanitary Inspectors.

*†E. H. GRAY.
* P. B. BROCK.
*†R. A. REEVES.
* W. E. BOND.

Chief Clerk.

*G. S. HAWTHORNE.

Clerks.

MISS J. R. SMITH (Tuberculosis Dispensary).
MISS D. M. EDMUNDS.

MISS N. HULBERT.
J. P. KINGSLEY.

Senior Lady Health Visitor and Inspector of Midwives.

*†MISS SARAH DUTTON.

Lady Health Visitors.

‡MISS M. P. GREEN.
‡MISS E. A. BODDON.
*‡MISS E. F. WHEELER.
*‡MISS G. WHITE.

Tuberculosis Nurses.

* MISS M. B. WARD.
MISS D. WATSON.

Matron Park Hospital.

MISS SARA MELVIN.

Matron Dellwood Maternity Home.

‡MISS GERTRUDE L. BURNETT.

* *Certificate of Royal Sanitary Institute.*

† *Meat Inspector's Certificate.*

‡ *Certificate of Central Midwives Board.*

Statistical Summary, 1923.

Area of borough (in acres)	...	...	...	...	...	...	9,106
Population (Census 1921) (Revised)	...	...	...	...	...	...	92,278
Population (estimated mid-year, 1923)	...	...	...	...	...	...	93,160
Number of inhabited houses (Census, 1921)	...	...	...	...	...	...	20,924
Number of families or separate occupiers (1921)	...	...	...	...	...	...	22,805
Rateable value (October 1923)	...	...	...	...	...	...	£527,011
Sum represented by a penny rate (October 1923)	...	...	...	...	...	...	£1,950
Number of births registered	...	...	...	...	...	...	1,705
Legitimate	...	...	...	...	...	...	1,614
Illegitimate	...	...	...	...	...	...	91
Nett birth rate (per 1,000 of the population)	...	...	...	...	...	...	18.3
Average birth rate, preceding ten years	...	...	...	...	...	...	19.0
Number of deaths registered	...	...	...	...	...	...	1,036
Nett death rate (per 1,000 of the population)	...	...	...	...	...	...	11.12
Average death rate, preceding ten years	...	...	...	...	...	...	12.71
Number of persons married	...	...	...	...	...	...	1,512
Marriage rate (per 1,000 of the population)	...	...	...	...	...	...	16.2
Number of infant deaths (under one year)	...	...	...	...	...	...	88
Infant mortality rate (per 1,000 births) :—							
Legitimate	...	...	...	...	...	...	46.3
Illegitimate	...	...	...	...	...	...	98.9
Total infant mortality rate (per 1,000 births)	...	...	...	...	...	...	51.6
Average infant mortality rate, preceding ten years	...	...	...	...	...	...	73.2
Tuberculosis death rate (per 1,000 of the population)	{ All forms Pulmonary						1.17 0.99
Average Tuberculosis death rate, preceding 10 years)	{ All forms Pulmonary						1.27 1.05
Number of women dying in, or in consequence of, child-birth :—							
From sepsis	...	...	...	...	...	...	3
From other causes	...	...	...	...	...	...	8
Deaths from measles (all ages)	...	...	...	...	...	...	8
Deaths from whooping cough (all ages)	...	...	...	...	...	...	4
Death from diarrhoea (under 2 years of age)	...	...	...	...	...	...	6

County Borough of Reading.

Population. The population for the mid-year 1923, estimated by the Registrar General's method, is 93,160, compared with a revised population of 92,278 at the Census of 1921.

Age Distribution. The details of the 1921 Census are now available, and the following short tables shew the age distribution of the population at that date, compared with the population of the old borough at the 1911 Census.

TABLE I.
(a) 1921 Population.

Age in years.	0—10.	10—20.	20—45.	45—65.	65 and upwards.	Totals.
Males	7,903	8,271	15,241	8,762	2,874	43,051
Females	7,715	8,814	18,944	9,843	3,911	49,227
	15,618	17,085	34,185	18,605	6,785	92,278

(b) 1911 Population.

Age in years.	0—10.	10—20.	20—45.	45—65.	65 and upwards.	Totals.
Males	7,380	6,922	13,810	6,300	1,787	36,199
Females	7,298	7,156	15,025	7,020	2,500	38,999
	14,678	14,078	28,835	13,320	4,287	75,198

The falling birth rate over a long period will have the tendency to increase the proportions of the population in the higher age groups. The improvement in sanitary conditions which has increased the survival rates at all ages contributes towards the same end. The result can be seen for example in the fact that the proportion of persons now living at ages 65 years and upwards is almost double that of persons of similar age twenty years ago. The effect of the war can be seen in the preponderance of females living in the mid-age groups, 20-45 years, at which ages there is a deficiency of over 3,000 males. A further result of the war appears in the fall in the proportion of children aged 2-9 years as a result of the marked decrease in the birth rates during the war years.

Occupations. Accurate comparison of the occupations of the inhabitants of Reading as shewn by the Census Return with the return of the 1911 Census is impossible owing to the extension of the borough in the interval. The largest groups of employed males are those employed in transport, commercial occupations, metals and machinery, building trades, food production (including biscuit makers), and wood workers, given in the order of the numbers employed in these trades.

The largest numbers of employed females are engaged in domestic service, commercial pursuits, and in dressmaking etc., in that order. Increases in

the numbers employed are shewn in commercial occupations, wood workers, agriculture, and transport. A considerable amount of this increase is due to the incorporation of Caversham. Definite decreases, however, are shewn in the numbers engaged in food production and in the building trades. Amongst women, the largest increase is shewn in the numbers engaged in commercial occupations.

In both sexes considerable increases are registered in the numbers of persons who are retired or without specified occupations.

Rainfall and Water Supply. The rainfall during the year 1923 was more than two inches in excess of the average of the preceding 40 years. The total as recorded in the Forbury Gardens amounted to 27.82 inches. The month of October with a fall of 4.56 inches was easily the wettest month, but from the fact that in six of the twelve months there was a fall of more than two inches the year can be regarded as uniformly wet. Only in the month of June did the rainfall fail to reach one inch. Rain fell in appreciable quantity on 188 days of the year.

The high standard of water supply has been consistently maintained. The regular bacteriological examinations which are carried out failed on any occasion to reveal the presence of bacillus coli in 100 cubic centimetres of the water, which is filtered and chlorinated.

VITAL STATISTICS.

Birth Rate. The total number of births registered in the borough during the year was 1,740. Of this number, 63 were the children of parents not normally resident in Reading, whilst 28 children of Reading parents were born elsewhere. The nett number of births assignable to Reading is, therefore, 1,705, which represents a birth rate of 18.3 per 1,000 of the population.

This rate, slightly lower than that of last year, indicates that the downward trend of the birth rate continues.

Illegitimate Births. Of the 1,705 births assigned to Reading, 91 were illegitimate, an illegitimacy rate of 5.3 per cent. of all births. This rate is remarkably constant.

Marriage Rate. Mr. W. H. Oliver, the Superintendent Registrar of births and deaths, etc., informs me that 1,512 persons were married during the year. This gives a marriage rate of 16.2 per 1,000 of the population.

Death Rate. The deaths of 1,100 persons were registered during the year, of whom 110 were not normal residents of the borough.

During the same period, intimation was received of the deaths of 46 Reading persons which occurred in other districts.

The number of deaths of Reading persons was, therefore, 1,036, which represents a death rate of 11.12 per 1,000 of the population.

This rate is lower than that of last year, when influenza caused a temporary rise, but it is slightly higher than the record low death rate of 1921.

The rate generally is satisfactory and from the table on page 16 it will be seen that Reading compares favourably with other large centres of population.

From the analysis of causes of death, it will be seen that influenza in a fatal form was not prevalent and special note should be taken of the increasing proportion of deaths which occur at advanced ages.

Infant Mortality. The infant mortality rate or the number of infant deaths per 1,000 births for the past year was 51.6, the lowest ever recorded in the borough. As will be seen from the subjoined table, the previous lowest rate was 60.2 in the year 1921. A detailed discussion of this subject will be found in the section of the report dealing with maternity and child welfare.

Fifty Years Retrospect. The first Medical Officer of Health for Reading was appointed in 1873, just over 50 years ago, from which period we have accurate records of the health conditions of the borough. The following table indicates the progress made during the period.

The death rates chosen are those which are now regarded as the best indication of the sanitary conditions of any community.

The Medical Officer of Health in the earlier years was accustomed to report on the " Zymotic " death rate which includes deaths from the principal epidemic diseases and which then contributed largely to the total death rate. These diseases are now unimportant as a cause of death.

It will be seen that throughout the whole period the birth rate has steadily declined. Localities where the birth rate is high generally shew a high infant death rate, but a reference to the table will shew that the fall in the birth rate has not been accompanied *pari passu* by a corresponding fall in infant mortality. For the first thirty years there was an actual increase in the latter rate. The whole improvement in the prospect of infant and child life has taken place in the present century.

With minor fluctuations the general death rate has declined throughout the whole period and the expectation of life has in consequence increased. It has been mentioned above that with improvement in sanitary conditions the proportion of the population living at the higher ages increases and as a result, the rate of decline in the death rate will be retarded. The expectation of life is naturally less in persons of advanced years than in those at the mid-period of life.

The tuberculosis death rate has also shewn a steady decline throughout the period, but during the past five years has tended to remain stationary.

TABLE II.

Period.	Birth rate.	Death rate.	Infant Mortality.	Death rate from Pulmonary Tuberculosis.
1874-83 (average)	36.5	18.1	131.6	1.99
1884-93 do.	32.0	16.5	127.9	1.47
1894-1903 do.	27.1	14.1	133.7	1.13
1904-13 do.	22.7	12.1	99.2	1.01
1914	20.1	12.0	88.5	1.09
1915	19.8	13.8	82.0	1.13
1916	19.3	14.4	80.8	1.05
1917	15.4	14.2	98.6	1.41
1918	17.1	15.9	72.7	1.40
1919	16.7	11.9	68.4	0.89
1920	24.8	11.0	66.7	0.82
1921	20.4	10.7	60.2	0.88
1922	18.5	12.2	63.0	0.87
1923	18.3	11.1	51.6	0.99

Table III., as follows, shews the death rates per 1,000 of the population in the various municipal wards :—

TABLE III.
DEATH RATES IN THE VARIOUS WARDS.

Ward.	Population (Census 1921)	Nett No. of Deaths during the year 1923.	Death Rate per 1,000 of the Population.
Abbey	3,733	50	13.39
Battle	10,853	118	10.87
Castle	5,800	82	14.13
Caversham East	6,118	50	8.17
Caversham West	4,257	44	10.33
Church	8,734	108	12.36
East	11,653	136	11.67
Katesgrove	8,513	85	9.98
Minster	4,324	46	10.63
Redlands	5,792	69	11.91
Tilehurst	8,379	96	11.45
Victoria	6,145	80	13.01
West	7,977	72	9.02
Whole District ...	92,278	1,036	11.12

The ward populations are those ascertained at the Census of 1921 and are not now strictly accurate. The death rates will, however, give a valuable indication of the health conditions in the different parts of the borough.

CAUSES OF DEATH.

Table IV., pages 12 and 13, shews in detail the causes of deaths throughout the year, the ages at which they occurred, and the ward distribution.

The ultimate goal of sanitarians might be taken to be that each individual should achieve three score years and ten of life and healthy activity. Though this goal is still far removed, it is clear from the Registrar-General's returns and emphasised in the experience of insurance companies that modern sanitary conditions are year by year increasing the expectation of life at all ages.

Over 51 per cent. of the deaths registered in Reading during the year were of persons of 65 years and upwards.

TABLE IV.

CAUSES OF, AND AGES AT, DEATH, 1923.										
CAUSES OF DEATH.				All Ages.	Under 1 yr.	1—2 yrs.	2—5 yrs.	5—15 yrs.	15—25 yrs.	25—45 yrs.
All causes. Certified ...				1029	87	17	18	23	47	122
Uncertified ...				7	1	—	—	—	—	—
1	Enteric Fever	...	...	1	—	—	—	—	—	1
2	Small Pox	...	...	—	—	—	—	—	—	—
3	Measles	...	...	8	2	2	3	1	—	—
4	Scarlet Fever	...	...	2	—	—	—	2	—	—
5	Whooping Cough	...	...	4	1	1	2	—	—	—
6	Diphtheria and Croup	...	...	2	—	—	1	1	—	—
7	Influenza	...	...	2	—	—	—	—	—	—
8	Erysipelas	...	...	—	—	—	—	—	—	—
9	Phthisis (Pulmonary Tuberc'sis)	...	...	93	—	—	—	4	25	48
10	Tuberculous Meningitis	...	...	8	1	—	1	1	3	1
11	Other Tuberculous Diseases	...	...	8	—	2	1	1	—	2
12	Cancer (Malignant Diseases)	...	...	108	—	—	—	—	—	9
13	Rheumatic Fever	...	...	5	—	—	—	1	—	2
14	Meningitis	...	...	3	1	2	—	—	—	—
15	Organic Heart Disease	...	...	115	—	1	—	2	3	4
16	Bronchitis	...	...	77	2	—	2	—	—	—
17	Pneumonia (all forms)	...	...	54	11	4	4	—	2	3
18	Other Diseases of Respiratory Organs	...	...	18	1	—	1	—	—	—
19	Diarrhoea and Enteritis	...	...	6	5	1	—	—	—	—
20	Appendicitis and Typhlitis	...	...	7	—	—	—	2	1	3
21	Cirrhosis of Liver	...	...	7	—	—	—	1	—	1
21a	Alcoholism	...	...	—	—	—	—	—	—	—
22	Nephritis and Bright's Disease	...	...	19	—	—	—	—	2	1
23	Puerperal Fever	...	...	3	—	—	—	—	—	3
24	Other Accidents and Diseases of Pregnancy	...	...	8	—	—	—	—	—	8
25	Congenital Debility & Malfor- mation (including premature birth)	...	...	44	42	2	—	—	—	—
26	Violent deaths(excluding suicide)	...	...	25	3	—	1	3	3	5
27	Suicide	...	...	8	—	—	—	—	—	4
28	Other defined diseases	...	...	393	19	1	2	4	8	26
29	Diseases ill-defined or unknown	...	...	8	—	1	—	—	—	1
Totals ...				1036	88	17	18	23	47	122
Sub-headings included in above :										
Cerebro-spinal fever				—	—	—	—	—	—	—
Poliomyelitis				1	—	—	—	1	—	—
Broncho-pneumonia				22	7	2	4	—	1	1
Venereal Disease				—	—	—	—	—	—	—
Cerebral hoemorrhage				55	—	—	—	—	—	1
Arterio-Sclerosis				65	—	—	—	—	—	—
Senile Decay				49	—	—	—	—	—	—
Tetanus				—	—	—	—	—	—	—
General Paralysis of Insane...				5	—	—	—	—	—	2
Aneurism				3	—	—	—	—	—	—
Locomotor Ataxy				1	—	—	—	—	—	—
Encephalitis Lethargica				1	—	—	—	—	—	—
				202	7	2	4	1	1	4

Allocated to Municipal Wards.

Deaths in
Institutions.

45—65 yrs.	65 yrs. and up- wards	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West	Residents of Borough	Non-Resi- dents of Borough.
193	522	49	117	81	94	107	136	83	46	68	96	80	72	246	84
—	6	1	1	1	—	1	—	2	—	1	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	2	—	3	—	—	1	—	—	2	—	—	—
—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—
—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—
—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
—	2	—	—	—	—	1	—	—	—	—	—	—	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	3	3	15	3	4	10	9	8	4	4	15	10	8	8	5
1	—	—	—	—	2	—	1	1	1	—	2	—	1	6	1
2	—	1	—	—	1	1	2	1	2	—	—	—	—	3	2
34	65	5	11	12	11	8	15	9	4	11	10	6	6	39	14
—	2	—	—	—	2	1	1	1	—	—	—	—	—	1	1
—	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—
23	82	5	13	14	8	10	10	13	5	10	10	9	8	22	1
8	65	3	10	5	4	8	12	9	1	4	5	10	6	11	1
12	18	2	5	6	8	6	5	4	6	3	5	1	3	14	5
6	10	3	1	—	2	2	2	1	1	—	4	—	2	4	2
—	—	—	1	—	1	1	—	—	2	—	—	1	—	—	—
1	—	—	1	—	1	3	—	—	—	1	—	—	1	4	7
5	—	—	1	1	—	1	2	1	—	—	1	—	—	2	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	14	1	1	1	3	1	4	3	2	1	—	—	2	6	2
—	—	—	—	—	1	1	1	—	—	—	—	—	—	1	—
—	—	—	2	1	1	1	3	—	—	—	—	—	—	3	1
—	—	4	6	3	4	5	2	6	—	2	2	7	3	7	1
3	7	3	1	2	2	3	5	3	—	1	3	1	1	5	6
3	1	—	—	—	1	1	2	1	—	1	1	—	1	1	—
79	254	20	48	30	33	38	58	22	16	30	37	33	28	108	35
1	5	—	1	1	2	1	—	1	1	1	—	—	—	—	—
193	528	50	118	82	94	108	136	85	46	69	96	80	72	246	84
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
3	4	—	2	3	1	1	2	3	3	1	5	—	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	45	3	4	5	6	4	9	6	3	2	4	7	2	—	—
7	58	2	8	3	8	6	10	1	4	6	8	3	6	—	—
—	49	4	9	2	3	3	7	2	2	3	9	2	3	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	—	—	1	—	—	2	—	—	—	—	1	1	—	—	—
3	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
26	157	9	25	14	19	16	30	12	12	12	28	13	12	—	—

The principal diseases contributing to the death returns shew little variation in recent years.

Organic Heart Disease. Heart disease is the most important single contributor to the death returns, rather more than 10 per cent of all deaths being assigned to this cause. It is important, however, to note that the great majority of the people who died of heart disease were persons of advanced years. With these might be grouped many of the deaths attributed to "other defined diseases" under which is included conditions like cerebral haemorrhage, arterio-sclerosis and senility. With the advance of medical science deaths are now more accurately assigned to the organs principally affected. These conditions in general indicate the gradual decay of the body, a euthanasia which is beyond the aim and the scope of prevention.

Cancer. During the past 40 years the death rate from cancer has steadily increased from .73 per 1,000 of the population in the first decennium to 1.27 during the past 10 years. This increase is common to all towns throughout the country and in general to all civilized countries. There is no undue prevalence of cancer in Reading, beyond that which is due to the fact that there are more persons living at the higher ages at which cancer is most common, than in most other towns.

More than one death in every ten is now caused by cancer. Although the work of various commissions is daily adding to our knowledge of these malignant diseases we are still far removed from any accurate information in regard to their causes and the means of prevention. It is known that cancer occurs as the result of chronic irritation, for example, by some oils in certain trades. This form is being eliminated. Cancer occurs and can be produced experimentally in certain of the lower animals, especially rats. The reason, however, for the occurrence of cancerous diseases in so many persons of advancing years, a group which provides the great majority of cancer cases, is still hidden from us.

The early recognition of the disease with early recourse to the surgeon still provides the best means of dealing with cancer.

Bronchitis and Pneumonia. Together, these diseases contribute 131 or nearly 13 per cent. of the total deaths, of which 83 occurred in persons of 65 years and upwards. Like most of the deaths assigned to heart disease most of the latter group can be regarded as the terminal phase of a full life, but much of the mortality at the earlier years is preventible, and is, in fact, diminishing.

Tuberculous Diseases. Tuberculosis accounts for a further 10 per cent. of all deaths. It will be seen from the detailed table that only 3 of the total of 109 deaths occurred in persons of 65 years and upwards whilst as many as 79 occurred at the most active period of life, between 15 and 45 years.

It is for this reason that tuberculosis constitutes such a serious social problem. Death from tuberculosis is usually preceded by a long period of invalidity which is a grave tax on the invalid's household and the early age of death frequently leaves dependents who are unable to maintain themselves.

Deaths from Violence. These number 33, including 8 cases of suicide. The corresponding figures for the previous year were 36 and 10 respectively.

COMPARATIVE MORTALITY IN DIFFERENT AREAS.

That Reading compares very favourably with other large centres of population is indicated in Table V. which shews the birth rates, the death rates from all causes and the death rates from certain selected causes in the borough together with the corresponding rates for the whole country, for London and for the urban populations, grouped into larger and smaller towns.

It will be seen that the Reading birth rate is lower than that of other towns taken together and that the death rate is lower than in the large towns, but rises slightly above the death rate of the grouped smaller towns.

The infant mortality rate is distinctly lower than that of the other areas and especially is this seen in the death rates from diarrhoea and enteritis in children under two years.

TABLE V.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1923.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1923, while those for the towns have been calculated on populations estimated to the middle of 1922. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	Birth-rate per 1,000 total population	Annual Death Rate per 1,000 Population.								Rate per 1,000 births.		Percentage of total deaths.			
		All causes	Enteric fever	Small-pox	Measles	Scarlet fever	Whooping cough	Diphtheria	Influenza	Violence	Diarrhoea & Enteritis (under 2 yrs.)	Total deaths under 1 year	Causes of death certified by registered Medi- cal Practitioners	Inquest cases	Uncertified causes of death
England and Wales	19.7	11.6	0.01	0.00	0.14	0.03	0.10	0.07	0.22	0.44	7.7	69	92.0	6.9	1.1
105 County Boroughs and Great Towns, including London.	20.4	11.6	0.01	0.00	0.15	0.03	0.12	0.09	0.22	0.40	9.9	72	92.2	7.2	0.6
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000).	19.8	10.6	0.01	—	0.19	0.02	0.10	0.06	0.21	0.38	6.4	69	92.6	6.1	1.3
London	20.2	11.2	0.01	0.00	0.08	0.02	0.09	0.13	0.17	0.45	10.2	60	90.8	9.1	0.1
READING	18.3	11.1	0.01	0.00	0.08	0.02	0.04	0.02	0.02	0.27	3.5	51	94.3	5.0	0.7

NURSING ARRANGEMENTS, HOSPITALS, AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

These were set out in detail in my last annual report and are as follows :—

Professional Nursing in the Home. Queen Victoria Nursing Institute, Reading, employing the Superintendent, 4 general nurses, and one midwife. The Education Committee of the borough employ four additional nurses for their work through the agency of the Institute.

Caversham District Nursing Association has 3 general nurses, who also act as midwives.

The former receive a grant of £10 and the latter £20 from the Corporation.

Reading Council of Nursing Services. Through the agency of the Nursing Associations, approved societies in the borough representing 8,000 persons provide skilled nursing as an additional benefit under the Insurance Act.

Midwives. There were 32 midwives, of whom 14 were employed in institutions, practising in the borough during the year.

Clinics and Treatment Centres provided by the Corporation. The following clinics and treatment centres are in operation in the borough :—

Five Infant Welfare Centres with six sessions weekly.

An Ante-Natal Clinic with one session weekly.

A Tuberculosis Dispensary with daily consultations.

A Venereal Diseases Clinic, subsidized by the Corporation, holds four sessions weekly at the Royal Berkshire Hospital.

The Education Committee's clinics are :—

Inspection Clinics twice weekly.

Minor Ailments Clinic daily.

Dental Clinic daily.

Clinic for errors of refraction twice weekly.

X-Ray Clinic for treatment of ringworm once weekly.

Aural Clinic twice weekly.

Operating Clinic for tonsils and adenoids once monthly at the Royal Berkshire Hospital.

Reading Dispensary Trust. This is a charitable agency providing medical attendance for such of the poor of Reading as are nominated to receive its benefits.

Borough of Reading Medical Society. This is a limited company conducted by the medical practitioners of the borough. Its object is by a weekly subscription to meet the medical requirements of dependents of insured persons who are not eligible for medical benefit under the Act. There are approximately 15,000 persons eligible under the arrangements.

The Borough of Reading Dental Society, Limited, provides similarly for the dental requirements.

Hospitals Provided by the Local Authority :—

TABLE VI.

Institution.	No. of Beds.	Conditions treated.
Park Hospital	40	Scarlet fever—26 beds. Diphtheria—10 beds. Isolation—4 beds.
Tuberculosis Pavilion, Park Hospital ...	12	Advanced cases of tuberculosis in adult males.
Small-pox Camp, Whitley	9	Small Pox.
Bridge Street Hospital	12	Emergency accommodation for infectious cases.
Dellwood Maternity Home	13	Maternity cases.

Other Hospital Accommodation available for the District.

(a) The Royal Berkshire Hospital, a general hospital, serves not only the County Borough of Reading but the adjoining parts of the County of Berkshire. The accommodation available is as follows :—

Beds available.	Male.	Female.	Total.
Surgical	39	54	93
Medical	28	30	58
Children	—	—	20
Ophthalmic	—	—	16
Venereal Diseases	—	—	12
Ear, Nose and Throat	—	—	8
Isolation	—	—	6

(b) The Battle Infirmary of the Reading Board of Guardians has 239 beds. Ordinarily these beds are devoted 139 to men and 100 to women. Included in this number are 23 sanatorium beds (16 male and 7 female) 55 for mental cases (25 male and 30 female), a maternity ward with 8 beds, and 12 isolation beds.

There is no institutional provision for unmarried mothers or homeless children other than that provided by the Reading Board of Guardians.

Ambulance Facilities. The Corporation has one motor ambulance and one auxiliary horse drawn vehicle for infectious cases.

The Royal Berkshire Hospital has two ambulances, one motor and one horse drawn.

The British Red Cross Society has a motor ambulance for accidents and non-infectious cases.

LABORATORY WORK.

Pathological and bacteriological examinations which hitherto have been carried out by the Pathologist at the Royal Berkshire Hospital are now carried out in the health department.

Bacteriological and blood examinations for venereal diseases are included in the venereal diseases arrangements with the Royal Berkshire Hospital.

The following is a record of the examinations made during the year :—

				Positive.	Negative.	Total.
<i>At the Royal Berkshire Hospital :</i>						
Wasserman blood reactions	...	...	...	68	128	196
Examinations for spirochaetes	...	...	...	—	6	6
Examinations for gonococci	...	...	...	37	123	160
Other examinations	...	...	...	—	—	1
<i>In the Health Department :</i>						
Examinations for Tubercle bacilli	...	...	...	101	266	367
Examinations for Diphtheria bacilli	...	...	...	476	495	971

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

The incidence of infectious disease is shewn in detail in Table VII., on page 20. Measles assumed severe epidemic proportions, scarlet fever was still above the normal incidence, but less than that of last year, whilst diphtheria was slightly below the average incidence.

Much has still to be learned of the factors which govern the onset of epidemics, and of the varying severity of the type of each disease at different times. All epidemic diseases can be safely assumed to be due to definite micro-organisms whether those micro-organisms have yet been discovered or not.

The majority of the organisms are constantly present in our midst, but only at intervals do epidemics occur and in certain of these diseases the interval can be forecasted with fair accuracy. As a striking illustration, influenza may be cited. A highly fatal pandemic of influenza occurred in 1918 to which war conditions might be considered to have contributed. The disease however occurred in countries which could have felt the effects of war but little, and it should not be forgotten that a similar pandemic prevailed in the years 1889-1890.

Since 1918 there has been an annual recurrence, but only in 1922 was the type of the disease and the mortality severe. The contrasts in prevalence and severity can be easily observed in the case of influenza, but there is reason to believe that other infectious diseases are not dissimilar in their natural history. Measles recurs with practically unfailing regularity every two or three years and the type of the disease is probably somewhat more severe than it was forty or fifty years ago. Scarlet fever is probably less prevalent and its severity undoubtedly is less than formerly. There is evidence that the character of tuberculosis may have changed, but on this point our information is incomplete since the cycle may be over a period of several hundred years. The principal factors which would appear to govern these variations are the inconstant virulence of the infecting organism and the varying degree of immunity in the subject. Of these two factors, the former is probably the more important.

TABLE VII.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1923. CLASSIFIED IN AGES AND LOCALITIES.

Notifiable Diseases.	Number of Cases Notified								Total Cases Notified in each Municipal Ward.											Notified Cases Removed to Isolation Hospital.	Total Deaths in Isolation Hospital.	
	At Ages—Years.								Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria			West
	At all ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 years and upwards.														
Small Pox	...	26	373	685	16	8	—	1	19	163	114	90	104	152	97	85	73	36	94	82	—	1
Measles...	...	76	17	35	14	8	—	—	1	10	4	2	9	15	7	2	3	6	5	12	—	1
Diphtheria	...	57	1	9	9	10	21	7	2	16	4	4	1	3	2	4	6	4	3	8	—	2
Erysipelas	...	273	3	178	31	17	2	—	6	36	11	29	20	29	12	12	14	30	32	42	—	—
Scarlet Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	...	7	—	2	1	3	1	—	—	—	—	1	—	1	1	1	1	—	—	2	—	—
Enteric Fever	...	8	—	—	2	6	—	—	—	1	—	—	3	1	—	1	1	1	—	—	—	—
Puerperal Fever	...	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Cerebro-Spinal Meningitis	...	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polionmyelitis	...	112	—	10	31	45	21	1	2	19	3	9	10	12	10	7	6	13	16	5	—	15
Pulmonary Tuberculosis	...	22	—	6	4	4	5	—	1	4	1	1	4	2	—	1	—	4	2	2	—	—
Other Forms of Tuberculosis	...	39	9	—	—	—	—	—	1	—	1	—	3	1	1	1	2	1	—	1	—	—
Ophthalmia Neonatorum	...	—	3	4	3	6	4	7	—	5	11	1	—	1	5	7	—	3	—	3	—	—
Acute Primary Pneumonia	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trench Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	...	2	—	1	—	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—
Dysentery	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	1717	43	452	931	112	109	54	16	32	254	149	137	155	218	135	121	107	99	153	157	302	19

That the immunity of the subject is not the determining factor and dependent simply on general health may be deduced from the facts that influenza, for example, often selects the most robust for its victims and that measles to which practically every person is liable occurs at intervals and also at definite seasons. A considerable number of cases of measles occurred in the summer of last year, but although it is clear that a large percentage of the child population was susceptible, the beginning of the epidemic was postponed till the late autumn. The factor which finally determined the increased power of infection at the latter period has still to be determined. Considerations like increased urbanization have certain effects on epidemic diseases, but will not explain the whole problem which will only be solved by the patient accumulation of information over wide areas and long periods.

Measles. The year has been characterised by the occurrence of a severe outbreak of measles. As indicated above, although our present state of knowledge enabled us to anticipate this epidemic, it leaves us powerless to prevent it. Practically every person in the community is susceptible to measles and experience shews that the greatest danger to life and general health occurs in early childhood. The best policy, therefore, is to postpone the attack to late childhood, and thus avoid the more dangerous sequelae. It is noteworthy that the children of the more favoured classes, because of their more sheltered lives, are protected until a later age than those of the less prosperous.

As education progresses and housing facilities permit much of the mortality and enfeeblement consequent on attacks of measles will be prevented.

During the year 1,109 cases of measles were notified. As only first cases occurring in a household are notified, this number represents only a proportion of all cases occurring in the borough. The type of case was of moderate severity and there were eight deaths, in each case due to bronchitis or pneumonia, which are the common accompaniments of measles. All but one of the deaths occurred in children under five. The deaths attributed to measles or its sequelae are no measure of the damage done by the disease. Tuberculosis and general ill-health, ear diseases, and other permanent disabilities are often traceable to an antecedent attack of measles.

Scarlet Fever. There were 273 cases of scarlet fever notified during the year, a number much below that of the preceding year but still considerably above the average of recent years.

The type of the disease continues to be mild and there were only two deaths, whilst the incidence of the graver complications has been less than normal. It was possible during the year to deal with most of the really necessitous cases in hospital, 195 or 71.5 per cent. of the total being admitted.

Return Cases. Records are maintained of all cases, the source of whose infection appears to be a patient recently discharged from hospital. During the past year there have been five such cases, a rate of just over 2 per cent. In two cases the source of the infection appears to have been a slight nasal discharge, developed after the patient left hospital. In the remainder, there was no obvious source of infection. The incidence of return cases compared favourably with the rate of 6 per cent. during the preceding year, and is lower than the general average.

Diphtheria. The prevalence of diphtheria has been below the average of recent years, only 76 cases having been notified, with only 2 deaths. Early diagnosis and treatment, combined with careful nursing, are of vital importance in the care of diphtheria, and the low mortality rate is therefore especially gratifying.

As in previous years the Corporation supplied diphtheria antitoxin free to all medical practitioners.

Enteric Fever. Seven notifications of enteric fever were received. Of these, one was resident outside the borough and was removed to the Royal Berkshire Hospital for treatment. In three cases further observation and examination caused a revision of the diagnosis. In the remaining three cases the diagnosis was verified bacteriologically and one patient, a woman aged forty, died of the disease. In only one case, that of a boy who drank unfiltered water of the Thames, was it possible to trace the probable source of infection.

Encephalitis Lethargica, Acute Anterior Poliomyelitis, and Cerebro-Spinal Fever. Five notifications of these more obscure nervous infections were received during the year. A post-mortem examination in one case notified as encephalitis lethargica revealed the source of the symptoms to be a tumour of the brain. One other case of encephalitis lethargica, a boy aged 13, was treated in the Royal Berkshire Hospital and made a good recovery. One death of a woman of 67 years was registered as due to encephalitis lethargica, but the disease had not previously been notified.

There were two notifications of acute anterior poliomyelitis. In one case the patient recovered, but shewed a permanent paralysis of the leg after the acute symptoms had subsided. The other patient died of a concurrent pneumonia.

One case of acute cerebro-spinal fever, verified bacteriologically, made a good recovery.

Puerperal Fever and Ophthalmia Neonatorum are dealt with in the section of the report dealing with maternity and child welfare.

Smallpox and Vaccination. There were no cases of smallpox notified during the year, although several cases occurred in districts adjoining the borough. The vaccination returns, for which I am indebted to Mr. Oliver, Clerk to the Guardians, shew that for the year 1922, only 14 per cent. of children born had been successfully vaccinated. As this number has not materially varied in recent years it is clear that the great majority of the population are unprotected against smallpox, notwithstanding that a considerable number of persons have recourse to vaccination with each recurrence of the disease in other districts.

Present indications would point to the disease assuming epidemic proportions in the not very distant future. It is also true that the present phase of the disease is milder than has been known in previous epidemics, the mortality being practically nil compared with a mortality of 20 per cent. in the earlier epidemics. How long this mild phase will last is not known, but in the history of the disease it has been noted that periods when a mild type prevailed have been known. The particular abhorrence in which the disease is held makes it regrettable that the practice of vaccination has fallen so much into abeyance, whilst the effect on business of the occurrence of an epidemic should not be overlooked.

TABLE VIII.

Districts.	Number of births Registered.	Number of children successfully vaccinated.	Insusceptible of vaccination.	Had Small Pox.	Died un-vaccinated.	Exemption from vaccination by Statutory Declaration of "Conscientious Objection."	Postponement by Medical Certificate.	Removed to † other districts.	Removed to places unknown.	Number of births remaining (unaccounted for).	
										No.	Rate per cent of total births
No. 1	659	91	—	—	20	408	3	6	34	97	14.7
No. 2	726	105	—	—	40	420	—	60	34	67	9.2
No. 3	369	55	—	—	16	252	—	3	12	31	8.4
Whole Borough	1754	251	—	—	76	1080	3	69	80	195	11.1

† Vaccination Officer duly apprised.

PARK HOSPITAL.

I am indebted to Dr. Rowland for the following records referring to patients treated at the Park Hospital during the year :—

TABLE IX.

Disease.	Remaining in hospital 1 Jan., 1923.	Since Admitted.	Since Discharged.	Died in hospital.	Remaining in hospital 31 Dec., 1923.
Scarlet Fever	46	195	220	2	19
Diphtheria	10	58	63	1	4
Tuberculosis	11	43	28	15	11
Other Disease	—	10	8	2	—
Totals	67	306	319	20	34

Scarlet Fever. The type of scarlet fever prevailing has been generally of a mild character. The two deaths recorded in the table were in each case complicated by concurrent diphtheria, a complication which is always extremely unfavourable. It is a matter of difficulty which disease should be regarded as the primary cause of death.

Complications. The incidence of the usual complications of scarlet fever has been distinctly below the average. There were 4 cases of albuminuria, one of which progressed to a definite nephritis, 2 cases of pericarditis of a mild type and both arising in patients who were suffering from arthritis, 2 cases of otorrhoea and 17 cases of rhinitis, in 5 of which the diphtheria bacillus was found.

Diphtheria. Of the 63 cases admitted as suffering from diphtheria, 58 were verified bacteriologically. Only one fatal case of diphtheria occurred during the year. This patient died within a few hours of admission. Dr. Rowland emphasises the fact that it is exceedingly rare to lose a case of pure diphtheria.

Ten of the diphtheria patients developed palatal paralysis, of whom 4 also suffered from toxic heart affection. All made good recoveries.

There were no cases requiring tracheotomy.

Other Diseases. Four cases of measles were admitted during the year, of which one had been diagnosed as diphtheria and died within a few hours of admission. In no case was the disease communicated to other patients.

Two cases of cerebro-spinal fever were admitted, one of which was verified bacteriologically and one referred to elsewhere was afterwards found to be suffering from enteric fever.

One child diagnosed as diphtheria was found to be suffering from congenital syphilis, from which it died.

There were 3 cases of laryngeal croup, negative bacteriologically, all of which recovered.

Cross Infection. In only one case did cross infection occur, the disease communicated being scarlet fever. A patient admitted with diphtheria began to desquamate some days after admission and in the interval had communicated the disease to the patient in the adjoining bed.

DISINFECTION.

The work of disinfection was carried out by the health department as in previous years. This includes all the work arising in infected homes in the district, all the necessary disinfection for Dellwood Maternity Home, as well as in certain of the adjoining rural districts, with whom we have agreements to carry out disinfecting work as required.

The following is a summary of the work carried out during the past year :—

Number of houses disinfected	...	...	...	556
Number of rooms disinfected	...	...	...	604
Number of beds and mattresses	...	...	...	1015
Number of miscellaneous articles	...	...	...	4887

TUBERCULOSIS.

The number of deaths certified to be due to tuberculosis during the year was 109, of which 93 were due to tuberculosis of the lungs. This represents a death rate of 1.17 per 1,000 of the population from all forms of tuberculosis and a rate of .99 per 1,000 of the population from pulmonary tuberculosis alone.

The numbers of new cases of the disease notified during the year were 112 pulmonary and 22 non-pulmonary respectively.

The fatal cases represent an increase on the death rates recorded during the past four years, but the increase is not sufficient to warrant any special deductions being made as to the cause. The new cases notified accord fairly closely with the average of recent years.

The progress of the campaign against tuberculosis as measured by death rates and notifications has shewn little change during the past five years. The efforts directed against the disease have not met with the success which has attended the work of maternity and child welfare and other public health activities in the same period.

From whatever cause notification of the disease is still unsatisfactory. Of the fatal pulmonary cases 25 were notified within three months and 8 within six months of the fatal termination of the disease, whilst in as many as 38 cases the first intimation was received from the death returns.

The average duration of cases of tuberculosis is probably not less than four years, so that it will be seen that in as many as 71 of the total 109 fatal cases, information was received too late to give any hope of a cure or a lasting improvement being effected.

The means of combating the disease remain as in previous years, as follows :—

- (a) The Tuberculosis Dispensary with daily medical consultations.
- (b) Sanatorium treatment for suitable cases in both adults and children.
- (c) Hospital provision for cases of surgical tuberculosis.
- (d) A Pavilion for advanced cases of pulmonary disease in males.
- (e) The Whitley Open-air School for “ pre-tuberculous ” children.
- (f) Home supervision by trained nurses.
- (g) The provision of additional food and drugs like cod liver oil in suitable cases, and of open-air shelters for home use.
- (h) An After-Care Association conducted on a voluntary basis and supported by voluntary contributions.

The absence of accommodation for advanced cases amongst women is the only serious omission in the scheme.

The weight of medical opinion attaches great importance to the isolation of advanced cases which are most infective. The care and maintenance of a chronic invalid in crowded homes makes a serious tax on the domestic resources.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

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Summary of Notifications received during the year 1923.

Age Periods.	Number of Notifications on Form A.											No. of Notifications on Form B.			No. of Notifications on Form C.		
	Primary Notifications.											Total Notifications including cases previously notified by other doctors	Primary Notifications.		Total Notifications including cases previously notified by other doctors	Poor Law Institutions	Sanatoria
													5 to 10	10 to 15			
	Under 1 year	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards							Total
Pulmonary (males)	—	3	2	2	5	6	11	17	5	3	—	54	58	—	—	4	53
Pulmonary (females)	—	1	4	2	5	15	13	4	9	4	1	58	60	—	—	2	9
Non-Pulmonary (males)	—	2	2	1	1	1	3	—	2	1	—	13	13	—	—	1	2
Non-Pulmonary (females)	—	1	1	2	1	1	1	—	1	1	—	9	9	—	—	—	3

Patients notified as suffering from both pulmonary and non-pulmonary disease are included among the "pulmonary" returns only.

SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 31st December, 1922, to the 29th December, 1923, otherwise than by notification on Form A or Form B under the Public Health (Tuberculosis) Regulations, 1912.

Age periods.	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total Cases.
Pulmonary (males) ...	—	—	1	—	2	2	5	6	1	2	1	20
Pulmonary (females)	—	—	—	1	—	5	1	1	—	—	1	9
Non-pulmonary (males)	1	2	—	—	1	—	1	—	1	—	—	6
Non-pulmonary (females)	—	1	1	—	1	1	—	1	—	—	—	5

The following is an analysis of all primary cases of tuberculosis and all other new cases which came to the knowledge of the department during the year. The latter include such cases as were found for the first time from the death returns or were intimated from other sources.

The deaths shewn in the second half of the table refer to these same persons and are therefore not comparable with the figures in Table IV. which include all deaths whenever notified.

Age Periods.	Total New Cases received during the year				Deaths.			
	Pulmonary.		Non-Pulmonary		Pulmonary.		Non-Pulmonary	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Under 1 year ...	—	—	1	—	—	—	1	—
1 year to 5 years ...	3	1	4	2	2	—	2	1
5 years to 10 years	3	4	2	2	2	—	—	1
10 „ 15 „ ...	2	3	1	2	—	1	—	1
15 „ 20 „ ...	7	5	2	2	2	1	1	1
20 „ 25 „ ...	8	20	1	2	3	10	—	1
25 „ 35 „ ...	16	14	4	1	9	5	1	1
35 „ 45 „ ...	23	5	—	1	8	2	—	1
45 „ 55 „ ...	6	9	3	1	3	3	1	1
55 „ 65 „ ...	5	4	1	1	4	—	—	1
65 and upwards ...	1	2	—	—	1	1	—	—
Totals ...	74	67	19	14	34	23	6	9

I am indebted to Dr. H. R. Minkley for the following record of work carried out at the Dispensary during the year :---

Number of new cases examined (including 25 re-admissions)	302
Number of attendances	3378
Number of persons found to be suffering from pulmonary tuberculosis	104
Number of persons found to be suffering from non-pulmonary tuberculosis	12
Number requiring to be kept under observation	85
Number found not to be suffering from tuberculosis	101

Examination of Contacts. Of the 302 new patients examined, 103 were contacts of previously recognized cases of tuberculosis and amongst the contacts so examined 33 persons were found to be exhibiting such symptoms or signs as called for extended observation and examination. The remaining 70 persons were found to present no clinical signs of infection.

Included among the new cases were children referred from the Education Authority for examination and report to the School Medical Officer.

Home Supervision. In 40 cases, in which patients notified as suffering from tuberculosis were unable to attend the Dispensary for examination, the Tuberculosis Officer visited and examined them in their homes, and considered with the practitioner attending the case the line of treatment to be most appropriately employed.

The two nurses attached to the Dispensary paid 2,828 visits to the homes of patients of which visits 225 were paid to the homes of ex-service men.

Shelter Treatment. Extensive use has again been made of the thirty-three shelters provided by the Council as an adjunct for home treatment, and even so far into the winter as in the month of December twenty-six of them were still in regular use in some cases both by night and day, and in others for the day only, but in all these cases patients were enabled to be under open-air conditions for several hours longer in each day than would otherwise have been possible.

Sanatorium Treatment. This form of treatment has been available for all cases of pulmonary tuberculosis of sufficiently early type to be benefited thereby.

The following statement shews the numbers admitted to Sanatoria during the year and the condition at the end of the year of all patients treated in Sanatoria during 1923 :—

	Remaining in Sanatoria, Dec. 1922		Admitted during the year 1923.		Totals.	
	Males.	Females.	Males.	Females.	Males.	Females.
Adults ...	7	3	13	6	20	9
Children ...	11	2	9	3	20	5
Totals ...	18	5	22	9	40	14

Distribution of the patients has been as follows :—

At Grosvenor Sanatorium, Ashford, Kent	...	...	25
At Heath End Sanatorium for boys	...	...	14
At Oakbank Sanatorium for girls	...	...	4
At Burrow Hill Colony for treatment and training of Ex- service men	...	...	2
At Preston Hall Training Colony, Aylesford, Kent	...	...	1
At Headington Orthopaedic Hospital	...	...	8
			54

The condition at the end of last year of the patients treated in sanatoria during the year 1923 was as follows :—

Improvement maintained	...	...	...	...	26
Disease progressive	...	...	...	...	4
Died	...	...	...	...	4
Remaining in sanatoria	...	...	...	...	20
					54

Tuberculosis Pavilion. At the end of 1922 eleven patients remained here. During 1923 forty-three patients were admitted; of these one was a re-admission. The number of persons treated, therefore, during the twelve months was 53. The following table shews the position at the end of the twelve months :—

Remaining in Pavilion, December 31st, 1923	...	...	11
Died in Pavilion during 1923	...	...	15
Died subsequently during 1923	...	...	5
Left district	...	...	1
Living (Dec. 31st, 1923) but with progressive disease	...	...	2
Remainder shewing measurable improvement	...	...	19
			53
Number of patients	...	...	53

Of this number (19) seven were discharged to undergo further treatment at sanatoria or hospital, the remaining 12 men were maintaining their condition on home treatment at the end of the year.

During the three years that the pavilion has been in use, 129 patients have received treatment, of whom 102 have had tubercle bacilli present in the sputum. As stated above, 11 patients remained in on December 31st, 1923. Of the remaining 118, 50 shewed measurable improvement during their stay and at least 14 of these are known to be at work, 18 left with progressive disease and in most of these cases death occurred within a relatively short time of their leaving hospital, and 40 died within the pavilion.

Special Treatment was only resorted to in a few instances during 1923. In cases in which extensive haemorrhage was to be feared, the injections of collosol calcium as mentioned in a previous report were again used with some apparent success.

It was hoped that a supply of Professor Dreyer's serum would be available towards the close of the year for trial in more or less advanced cases, but the production of this was delayed and no supplies were forthcoming before the close of the year.

Examination of Specimens.

Number sent in by Doctors	169
Dispensary specimens ...	198
	<hr/>
Total	367
	<hr/>

In 101 of these, tubercle bacilli were found to be present and the remaining 266 proved not to contain tubercle bacilli. The proportion of positive specimens was somewhat higher than in previous years, being 27 per cent. of all specimens as against 23 per cent. for the year 1922.

Tuberculosis Dispensary Care Association. The work of this Voluntary Association has continued as in former years. The Corporation grant of £180 was distributed through the agency of the Association.

The Association appoints a sub-committee to consider applications for assistance which in all cases receives the report of the Tuberculosis Officer on the physical condition of the applicants.

Extra nourishment supplied	95
Children sent to country or seaside homes	9
Grants of clothing	9
Dental treatment	3
Loan to obtain materials for basket making	1
Weekly money grant to relatives of patient undergoing sanatorium treatment	1
Repairs to spinal chair, and waterproof cover supplied...	1
	<hr/>
Number of cases assisted	119
	<hr/>

The Association during the year has also appointed an Employment Advisory Sub-Committee to consider and report upon possible channels of employment for ex-sanatorium cases. This sub-committee caused a special appeal with citation of a number of specified cases to be issued to the press but unfortunately no response at all was forthcoming in answer to this. This sub-committee is still enaged upon its work and is being aided in its deliberations by representatives of various trades and businesses within the borough.

VENEREAL DISEASES.

The arrangements made in conjunction with the Berkshire County Council whereby all cases of venereal disease occurring in the borough are treated at the Royal Berkshire Hospital still continue.

The hours of the clinics are for men at 2 p.m. on Wednesdays and 5 p.m. on Saturdays, and for women at 5 p.m. on Wednesdays and 3 p.m. on Saturdays. Irrigation treatment of gonorrhoea can be obtained at all reasonable hours, trained nurses, male and female, being in attendance.

The following tabular statement extracted from the return prepared by Sir George Stewart Abram, M.B., the Medical Officer in charge of the clinic, shews the number of patients in attendance at the clinic during the year, with the conditions from which they suffered :—

	Syphilis.		Gonorrhoea.		Total. Persons.
	Males.	Females.	Males.	Females.	
Total number of persons under treatment or observation on 1st January, 1923, for—	119	50	47	37	253
Number of persons treated for the first time during the year 1923, for—	41	23	52	28	144
	160	73	99	65	397

In addition to the above, 6 persons suffering from conditions other than venereal attended the clinic for diagnosis.

It should be carefully noted that the numbers given in the preceding table refer not to the borough only but also to the adjoining counties. The great majority in fact belong either to the borough or to the county of Berks. Of the 144 new cases occurring during the year, 78 belong to Reading, 55 to Berkshire, and only 11 to the remaining neighbouring counties.

It is especially satisfactory to record that the fall in the incidence of venereal diseases continues. I have previously mentioned that we have no comparable information which would shew the prevalence of these diseases in the years prior to the war, that is to say, what might be regarded as their normal prevalence.

The records of the clinic shew, however, that after the abnormal rise in the years immediately succeeding the war, a remarkable decline has occurred in the incidence of both forms of venereal disease.

The number of persons attending the clinic in each year since its institution are as follows :—

1918	1919	1920	1921	1922	1923
303	812	850	576	436	403

The number of new cases suffering from each form of the disease and having regard to Reading patients only are as follows :—

	1918	1919	1920	1921	1922	1923
Syphilis ...	90	153	141	82	58	32
Gonorrhoea	54	168	103	67	61	46

I believe that the numbers of persons attending the clinic are a fair measure of the actual incidence of venereal disease in the district. It will be seen that syphilis, the more serious condition, has declined to less than one quarter of its maximum incidence, and that gonorrhoea, normally more common and on the whole less serious, has declined by one half during the same period.

The returns still shew that many persons cease to attend the clinic before the Medical Officer can be certain of complete cure. It is probable that many of these patients have in fact been completely freed from infection, but in their own interest as well as that of others, it is regrettable that they do not persist in their attendance until the disease can be finally said to be eradicated.

With the continued fall in the number of new cases the number of attendances and the necessity for in-patient treatment has correspondingly declined. The attendances at the clinic and the aggregate number of in-patient days during 1923 were 5,134 and 1,141 respectively, compared with 8,186 and 1,506 during the preceding year. The experience of the clinics at the Royal Berkshire Hospital is not dissimilar to that of clinics in other parts of the country. After the phenomenal increase following the war, reports indicate that in practically all areas there has been a progressive decline in the incidence of venereal disease. The institution of the clinics was an example of pre-vision which must have prevented many evil consequences. A war on the scale of the Great War has certain inevitable results of which the spread of venereal disease is one. It is a matter for congratulation that this effect has been successfully countered and its worst results anticipated.

MATERNITY AND CHILD WELFARE.

Infant Mortality. During the year there were registered the deaths of 88 infants under one year, representing an infant mortality rate of 51.6 per 1,000 children born. Until the beginning of the present century, the deaths of over 10 per cent. of all infants born had come to be regarded as something inevitable.

In no sphere of public health has the value of statistics and the preventive efforts based on them met with greater success.

The importance of the subject can easily be overlooked by those who are not conversant with the infant welfare movement.

The fact that, compared with twenty years ago, the survival rate amongst children has doubled cannot fail to have a very great effect on the social conditions of the country.

It has been urged as a criticism of infant welfare work that much of it is directed to preserving the unfit. All the evidence indicates that not only is the number of survivors increased, but that they are healthier than were their predecessors. The lessened incidence of tuberculosis and the virtual disappearance of rickets as a serious disease amongst school children is an evidence of improved conditions.

Neo-natal Mortality. It should be noted that considerably more than half of the infant deaths occur in the first month of life and are assigned to causes operating before birth. This is described as the neo-natal mortality. This source of mortality shews little or no decrease during the period for which we have detailed returns. The following table shews the death rate per 1,000 births for three four-year periods in three principal groups :—

Period.	Neo-natal Mortality.	Mortality from bronchitis and pneumonia.	Mortality from gastro-intestinal diseases.
1905-8	34.7	17.2	17.6
1909-12	37.3	10.1	11.9
1920-23	31.7	10.0	4.7

The table shews that the neo-natal mortality has remained practically stationary, that the deaths from bronchitis and pneumonia have declined, and that deaths from gastro-intestinal diseases in infants are rapidly being eliminated. It should be remembered in the last group that the period included the exceptionally hot summer of 1921 which might have been expected to raise the death rate considerably. The fall in deaths from gastro-intestinal diseases is also emphasised by the gradual disappearance of "convulsions" as a certified cause of death. Many of the deaths attributed to convulsions in the earlier years were the result of want of knowledge of proper methods of feeding.

Table X. (pp. 34-35) shews the number of infant deaths, the ages in weeks and months at which they occurred and the causes to which they were assigned. The causes of death simply emphasize the deduction to be made from the ages, over 50 per cent. being pre-natal in origin. Much of this mortality in the present state of our knowledge is not preventible. The fact of birth and the sudden call to lead a separate and unsupported existence will in many cases place a tax on the untried organs of the infant which is beyond their capacity. Those deaths, however, which are due to hereditary disease, to ill-health of the mother, or to accidents of birth are, in the main, preventible.

Twenty per cent. of the mortality is due to conditions affecting the respiratory organs. As has been stated, this cause of mortality is steadily declining and with a greater appreciation of the value of ventilation, will decline further. Education in the care of infants and the provision of a food supply more adequate in quantity and purer in quality has practically removed infant diarrhoea as a cause of mortality.

Stillbirths. There were 47 stillbirths notified by midwives during the year, representing a proportion of 2.7 per cent. of live births registered, rather less than the average of such notifications. A definite history of illness on the part of the mother or difficulties incidental to the birth accounted for approximately half the stillbirths notified. In the remainder no definite cause could be assigned.

Supervision of Midwives. The number of midwives who gave notice of their intention to practice in the borough during the year was 32, of whom 7 did not practice regularly. Of the total, 14 were employed in institutions and the remainder were engaged on the district.

Five of the midwives have since left the borough, leaving 27 on the register at the end of the year.

The Inspector of Midwives paid 83 visits to supervise the work of these midwives, and in general found the condition of their equipment and standard of work satisfactory. In two instances midwives were interviewed by the Medical Officer of Health in regard to their methods of practice.

Records of sending for Medical Help. Notification was received of 202 instances in which midwives required to call in the aid of medical practitioners. In 149 cases the assistance was required for the mother, and in 53 for the infant.

By the Midwives Act, 1918, the obligation is placed on the local authority to pay fees to the doctors in these circumstances, the fees being graded according to the nature of the emergency.

During the year the authority paid fees to the amount of £105 under the Act. A grant of £20 was also made to the Caversham District Nursing Association in aid of its midwifery service and £10 to the Reading Queen Victoria Institute as consideration for their assistance in the training of pupil midwives.

Notification of Births Act, 1907. This Act requires the father and any person in attendance on the mother to notify a birth to the Medical Officer of Health within 36 hours of its occurrence. In accordance with the terms of the Act, 1,527, or 87.8 per cent. of a total of 1,740 births registered were notified during the year. The sources of the notifications were 1,230 by midwives, 285 by doctors, and 12 by parents.

From the fact that as many as 69 per cent. of the total births are attended by midwives it is clear that the standard of training and character required of midwives must be raised to the highest possible point.

In a few cases doctors still omit to meet the requirements of the Act. The importance of health visiting, the value of which is indubitable and the success of which depends on an early knowledge of births, makes it essential that the provisions of the Act should be carefully observed.

Infant Welfare Centres and Health Visiting. It cannot now be doubted that the work of these centres and the constant home visitation carried out by the lady Health Visitors has played an important part in raising the educational level in matters connected with child welfare and the consequent marked reduction in infantile mortality and sickness.

Infant welfare centres are now established in practically every quarter of the town. During the year an additional centre was opened at Tilehurst for the convenience of mothers who had previously made a long and inconvenient journey to Elm Park Hall, Oxford Road. This centre has been very successful. It is hoped that it may be possible to establish an additional one at Shinfield during the present year.

It will be seen from the summary appended below that the facilities provided at the centres are fully appreciated.

Nearly 1,000 mothers brought their children to the centres during the year. When it is remembered that the great majority of the children brought to the centres are under one year it will be seen that rather more than half the infants of the borough are under constant medical and nursing supervision there.

INFANT MORTALITY, 1923. (CAUSES OF DEATH under one year).											
Causes of Death.				Under 1 week	1—2 weeks.	2—3 weeks	3—4 weeks.	Total under 1 month.	1 month and under 3 mos.	3 months and under 6 mos.	6 months and under 9 mos.
All causes	Certified	...	...	34	6	7	2	49	11	8	8
	Uncertified	...	...	1	—	—	—	1	—	—	—
Small Pox	...	...	...	—	—	—	—	—	—	—	—
Chicken Pox	...	...	...	—	—	—	—	—	—	—	—
Measles	...	...	...	—	—	—	—	—	—	1	—
Scarlet Fever...	...	...	...	—	—	—	—	—	—	—	—
Whooping Cough	...	...	...	—	—	—	—	—	—	—	—
Diphtheria and Croup	...	...	...	—	—	—	—	—	—	—	—
Erysipelas	...	...	...	—	—	—	—	—	—	—	—
Tuberculous Meningitis	...	...	...	—	—	—	—	—	1	—	—
Abdominal Tuberculosis	...	...	...	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	...	...	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	...	...	...	—	—	—	—	—	1	—	—
Convulsions	...	...	...	—	1	1	—	2	1	—	1
Laryngitis	...	...	...	—	—	—	—	—	—	—	—
Bronchitis	...	...	...	—	—	1	1	2	—	—	—
Pneumonia	...	...	...	1	—	—	—	1	—	2	4
Diarrhoea	...	...	...	—	—	1	—	1	1	1	—
Enteritis.	...	...	...	—	—	—	—	—	1	—	—
Gastritis	...	...	...	—	—	—	—	—	—	—	—
Syphilis	...	...	...	—	—	—	—	—	1	—	1
Rickets	...	...	...	—	—	—	—	—	—	—	—
Suffocation (overlying)	...	...	...	—	1	—	—	1	1	—	—
Injury at birth	...	...	...	1	—	—	—	1	—	—	—
Atelectasis	...	...	...	2	—	—	—	2	—	—	—
Congenital malformation	...	...	...	3	1	—	1	5	—	1	—
Premature birth	...	...	...	23	1	2	—	26	—	—	—
Atrophy, Debility, Marasmus	...	...	...	3	2	2	—	7	1	1	—
Other Causes	...	...	...	2	—	—	—	2	3	2	2
Totals	...	...	...	35	6	7	2	50	11	8	8

9 of the deaths were of illegitimate children.

Allocated to Municipal Wards.

Deaths in
Institutions.

9 months and under 12 mos.	Total under 1 year.	Abbey.	Battle.	Castle.	Caversham.	Church.	East.	Katesgrove.	Minster.	Redlands.	Tilehurst.	Victoria.	West.	*Residents of Borough.	Non-Resi- dents of Borough.
11	87	4	10	5	8	11	7	12	4	5	6	11	4	14	4
—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
—	4	—	2	1	—	1	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	2	—	—	—	—	—	—	1	—	—	—	1	—	—	—
4	11	—	1	1	2	1	1	2	1	—	2	—	—	2	—
—	3	—	—	—	—	1	—	—	2	—	—	—	—	—	—
1	2	—	—	—	1	—	—	—	—	—	—	1	—	—	—
1	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—
—	2	—	—	—	—	—	1	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—
—	2	—	—	—	—	—	1	—	—	—	1	—	—	—	—
—	6	—	1	—	—	—	1	1	—	—	1	2	—	1	—
—	26	2	4	—	3	5	—	4	—	2	1	3	2	2	—
1	10	2	—	2	—	—	—	2	—	1	—	2	1	2	—
2	11	—	2	1	—	1	2	—	1	1	1	1	1	6	3
11	88	5	10	5	8	11	7	12	4	5	6	11	4	14	4

*Includes 10 deaths in Royal Berks Hospital. The remaining 4 occurred in Workhouse Infirmary.

INFANT CONSULTATION CENTRES.

Centre.	Numbers Attending.	Re- attendances.	Average Attendances.
Star Lane, Wednesday	307	4037	79
„ „ Friday	181	2618	55
Elm Park Hall, Oxford Road ...	216	3987	82
Park Institute, Wokingham Road...	160	3432	71
Caversham, Weston Mead	83	1800	35
*Tilehurst (Village Hall)	49	812	20
Totals ...	996	16636	342

* Opened March 5th, 1923.

The scheme of Health Visiting remains unchanged. The endeavour is to keep all children under supervision from immediately after birth until they reach the age of five, greatest attention being paid to them in their first and second years.

At the same time, having in view the considerations given above in regard to neo-natal mortality and ill-health of expectant mothers, more visits are now being paid to mothers before the birth of the child. The following summary shews the work carried out towards this end :—

HEALTH VISITING SUMMARY.

First visits after receipt of notification	...	...	1525
Re-visits to children under one year	...	...	6371
Visits to children aged one to five years	...	...	10819
Special visits	...	...	1177
Visits to expectant mothers	...	...	904
Special visits to cases of measles	...	...	1001
Special visits to cases of ophthalmia	...	...	26
Special visits in regard to still-births	...	...	40
Special visits in regard to infant deaths	...	...	91

Puerperal Fever. There were eight notifications of puerperal fever received during the year of which one was the case of a person not resident in the borough. In three of the seven Reading cases, the disease unfortunately proved fatal.

In addition to these fatal cases of sepsis, there were registered eight other fatalities in connection with child-birth.

Of these, two were due to shock incident to a difficult labour necessitating operative measures, two to haemorrhage, two to eclampsia, and the remaining two to other concurrent diseases not directly connected with parturition.

This maternal mortality is greater than has occurred during the last three years during which we have been singularly free from this very regrettable source of mortality.

Ophthalmia Neonatorum. The following table shews the notifications of ophthalmia neonatorum with the source and the result of treatment :—

TABLE XI.

Ophthalmia Neonatorum.	Cases.			Vision un- impaired.	Vision impaired.	Total Blindness	Deaths.
	Notified	Treated. At home.	In Hospital.				
9	9	9	—	9	—	—	—

All of the notifications referred to cases which were mild in character and all made perfect recovery without any permanent injury to the eyes. By the much more efficient treatment at birth this disease, which was the cause of a great proportion of the permanent blindness occurring throughout the country, is rapidly disappearing.

Milk (Mothers' and Children) Order, 1919. The scheme for the supply of milk to mothers, and children under three years, has been continued on the same lines as in previous years. The milk is supplied either free or at reduced cost in accordance with an income scale which has been approved by the Corporation.

The financial circumstances of each applicant are enquired into through the medium of the employers who have willingly given the greatest assistance in this matter.

This work is of very great value to the recipients, and it is regrettable that industrial conditions render the cost so high. The nett cost for the financial year ending March, 1924, will be approximately £1,200, practically the same as during the preceding year.

DELLWOOD MATERNITY HOME.

After over three years' experience the work of the maternity home may now be regarded as an established success. During the year, 285 patients were admitted. With only 12 beds at our disposal and the impossibility of accurately forecasting the date of admission, it will be a matter for consideration whether we can continue to deal with such large numbers. The inevitable consequence is that at times the home is taxed beyond its capacity and the proper care of the patients is a cause of serious anxiety to those responsible for the administration.

As in previous years, a careful record has been made of the home conditions and economic circumstances of the patients.

Municipal maternity homes were designed for those whose inadequate housing conditions made such provision advisable or for cases in which the patients' medical advisers deemed the care obtainable in a maternity home necessary.

That Dellwood does meet these requirements will be seen from the following particulars in reference to patients admitted during 1923 :—

91 occupied one room only.

97 occupied two rooms.

21 occupied more than two rooms.

76 occupied separate houses.

Of those included in the last group, 37 were admitted as private patients of doctors practising in the borough.

The husbands of 72 of the patients were either unemployed or on part-time work. The average income of all those in receipt of wages, including part-time workers, was £2 10s. 6d. per week.

Thirty-seven of the patients were admitted free of charge, whilst the remainder paid on the average a fee of £2 13s. 0d. or £1 6s. 6d. per week.

In accordance with the arrangements in force since the opening of the home, the matron and her assistant midwives are responsible for the conduct of all normal cases. When there arises any emergency, as defined by the rules of the Central Midwives' Board, the doctor of the patient's choice is called in. On 61 occasions during the year medical assistance was sought on behalf of either the mother or the child.

One maternal death occurred in the home. The patient developed a very serious complication which necessitated the performance of a caesarean section, unfortunately attended by a fatal result.

A second patient suffering from an acute abdominal disease was removed to the Royal Berkshire Hospital where she died after an operation. Two cases of puerperal septicaemia were notified in one of which the symptoms proved on later investigation to be due to causes other than septic infection. Both made a good recovery from the puerperal state. The progress of all other patients was favourable.

The home continues its work as a training school for midwives. Trained nurses only are accepted as pupils and they undergo a six months period of training, both in the home and on the district. Since the institution of the scheme 9 pupils have been trained and successfully passed the examination of the Central Midwives' Board.

ANTE-NATAL CLINIC.

As in the two preceding years, one session of this clinic has been conducted weekly by Dr. Agnes Bernfeld.

It will be seen from a previous section of the report that the most fruitful source of future progress lies in the care of the mother and child before parturition. Any further important reduction in infant mortality must arise from this source. It is, therefore, gratifying to find that the number of women attending this clinic continues to increase, the new cases in attendance during the year amounting to one-seventh of the total births occurring in the borough.

	1921	1922	1923
Number of new cases ...	247	258	283
Number of attendances ...	705	830	844
Average attendance ...	16	16	17

The clinic also provides an invaluable adjunct to the work of Dellwood Maternity Home, the majority of the patients being subjected to medical examination before admission.

It is still to be regretted that the midwives in the town do not make greater use of the clinic in their own interest as well as that of their patients.

The following patients attended during the year :—

Patients awaiting admission to Dellwood ...	218
Patients attending clinic for the second time ...	27
Patients referred by Lady Health Visitors ...	19
Patients referred by friends who attend clinics ...	14
Patients sent by midwives ...	5

As in previous years, a great many of the patients were found to be suffering from disorders which occasioned them considerable discomfort, but which have commonly been borne philosophically as a necessary part of their condition. Amongst the most common of these were disorders of the alimentary system and varicose veins. In 26 instances conditions of sufficient gravity were found to require the attendance of the patients' private doctors, to whom in each case they were referred. Two patients were advised to attend the Royal Berkshire Hospital.

The dental condition of many of the patients was very far from satisfactory. Twenty-six were referred to the dentist at the School Clinic but it is not always easy to persuade expectant mothers to undergo the necessary dental treatment.

The educational value of ante-natal instruction of this nature has been previously emphasised, especially as in so many cases it is followed by parturition under the best possible hygienic conditions at Dellwood.

SANITARY ADMINISTRATION.

The following report on the sanitary inspection of the district and action taken to remedy nuisances has been prepared from information supplied by Mr. J. Dodd, Chief Sanitary Inspector :—

TABLE XII.

Total number of visits to premises	...	...	...	12,504
Number of complaints received and investigated	...	...	...	554
Number of informal notices served (on owners)	...	...	...	181
Number of informal notices served (on occupiers)	...	...	...	48
Number of written notices (statutory) on owners	...	...	...	2
Number of prosecutions	...	...	...	—
Number and nature of nuisances :—				
Dirty, damp or dilapidated dwelling houses	...	...	...	62
Overcrowded dwelling houses	...	...	...	3
Defective gutters or down spouts	...	...	...	23
Insanitary or defective scullery sinks and wastepipes...	...	...	...	13
Defective drains and water-closets	...	...	...	87
Yards and areas, dirty or defective	...	...	...	19
Miscellaneous	...	...	...	19

All notices served in respect of the above-mentioned nuisances were complied with except in nine instances where the period for compliance had not expired at the end of the year.

Twenty-one house drains were tested during the year.

As was mentioned last year, the action taken in regard to over-crowded dwelling houses does not pretend to reveal the housing conditions in the borough. The existing housing shortage and the absence of alternative accommodation makes action to deal with over-crowding a practical impossibility.

Closet Accommodation. There were 26,766 water closets, 405 pail closets and 22 middens in use at the end of the year. There were 95 pail closets converted to the water carriage system during the year. In the Tilehurst and Basingstoke road areas where the sewers have recently been

extended, owners are now being required to connect up with the sewers. This will remove a very legitimate source of grievance and danger to health in those areas.

Premises and Occupations which can be controlled by Bye-Laws or Regulations :—

(a) *Slaughter Houses.* There are 29 slaughter houses in the borough, of which 15 are owned by the Corporation. These latter fall considerably below the modern standard of slaughter house construction and equipment. An early opportunity should be taken of considering the provision of better designed and more modern premises. Regular visits were made to all these slaughter houses, which were found to be well conducted.

Humane Killing. Except pigs, all animals slaughtered in the borough are stunned by a mechanically operated instrument in accordance with bye-law 9b of the model series of bye-laws.

Owing to strong local representations in regard to the ill effect of stunning on the meat of pigs designed for bacon purposes, the Corporation rescinded the bye-law in so far as it applied to pigs.

(b) *Offensive Trades.* There are four premises where offensive trades are being carried on in the borough, one new licence having been granted during the year. The bye-laws were found to be well observed.

A new licence was granted for the conduct of the business of fat melter and bone boiler. This business is principally directed to the disposal of diseased meat and waste products from the public abattoirs and to the disposal of similar material from butchers and other shops throughout the borough.

This material was previously buried on a site at Manor Farm, a most undesirable method of disposal. The new method provides for its disposal in a digester plant, a method which is both hygienic and economical. Although considerable criticism has been directed to this enterprise, I am convinced that no danger to the public health exists in the conduct of the business. It marks a considerable improvement on the preceding method and also effects a considerable financial saving to the borough annually.

(c) *Common Lodging Houses.* There are four common lodging houses in the borough, providing registered accommodation for 172 persons—154 men, 5 married couples, and 8 women.

These houses were visited on 188 occasions during the year and in general were found to be well conducted. Notices were served in respect of seven nuisances which were abated, and four infringements of the bye-laws were rectified.

By resolution of the Council the night supervision of lodging houses is in the hands of the Police authorities.

(d) *Canal Boats.* There are 23 canal boats on the register. Forty visits were paid to 16 boats. Four infringements of the bye-laws were rectified, including two cases of overcrowding.

(e) *Caravans.* No bye-laws are in force in regard to caravans, but 315 were inspected during the year, of which only a few are permanently in the borough. No cases of infectious disease occurred in any of them.

TABLE XIIa.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

1. INSPECTION.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including factory laundries)	22	1	—
Workshops (including workshop laundries)	334	42	—
Workplaces (other than outworkers' premises included in Part 3 of this report)	107	—	—
Total ...	463	43	—

TABLE XIIb.

2. DEFECTS FOUND.

Particulars. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts:—				
Want of cleanliness	16	16	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	2	2	—	—
Sanitary accommodation:—				
Insufficient	—	—	—	—
Unsuitable or defective	6	6	—	—
Not separate for sexes	1	1	—	—
Offences under the Factory and Work- shops Acts:—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Breach of special sanitary require- ments for bakehouses	19	19	—	—
Other offences (excluding offences relating to outwork which are included in Part 3 of this report)	—	—	—	—
Totals ...	44	44	—	—

TABLE XIIc.

3. HOMEWORK.

Nature :—Wearing apparel (Tailoring, Knitting, Hosiery, etc.)						
Lists received twice a year from employers	...	...	...	...	...	18
Number of outworkers	Contractors	...	...	...	...	10
	Workmen	...	...	...	...	49
Lists received once a year	...	...	...	...	...	4
Number of outworkers	Contractors	...	...	...	...	—
	Workmen	...	...	...	...	7
Outwork in unwholesome premises	...	...	...	...	...	—
Notices served	...	...	...	...	...	—
Outwork in infected premises	...	...	...	...	...	—

TABLE XIIId.

4. REGISTERED WORKSHOPS.

Workshop on the Register at the end of the year. (1)							Number (2)
Retail Bakehouses	...	...	...	...	...	...	46
Tailoring	...	...	...	...	...	...	76
Dressmaking and Millinery	...	...	...	...	...	...	24
Upholstery	...	...	...	...	...	...	9
Laundries...	...	...	...	...	...	...	7
Photography	...	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	...	237
Total number of workshops on Register							402

Rats and Mice (Destruction) Act, 1919. Premises likely to harbour rats are frequently visited. Owners are advised to render their premises rat proof when practicable. Each year in November when the rats are returning to winter quarters, a special effort is made for their destruction. Considerable success attended the effort made last year. The normal method of destruction is by poisons, chiefly of squills, barium or phosphorus. In special circumstances trapping and ferreting have been employed.

Shops Acts, 1912, and Shops (Early Closing) Order, 1920. The provisions of this Act were found to be in general well observed. In certain cases offenders, stall-holders amongst others, were cautioned, but no legal proceedings were taken.

Kitchens and Ice Cream Shops. Seventy-eight visits were paid to premises where food or ice cream is prepared and their general condition was found to be satisfactory.

Theatres, and Cinemas etc. Eighteen visits were paid to places of public entertainment which were found to meet all reasonable sanitary requirements.

FOOD.

Sale of Food and Drugs Acts. Appended is a statement of the nature and number of samples taken by the Inspector under these Acts with the results of the examination by the Public Analyst. Of these samples, 89 were taken informally, the remainder being taken in accordance with the procedure prescribed by the Acts :—

TABLE XIII.

Articles.	No. of Samples taken.	Number found to be genuine.	Not up to standard.
Milk	265	238	27
Butter	3	3	—
Custard Powder	3	3	—
Cream	7	7	(See separate report)
Condensed Milk	3	3	—
Whisky	3	3	—
Totals	284	257	27

All but 27 of the samples were found to be genuine and up to the required standard.

Of these, 14 were taken informally. The Committee have on various occasions interviewed vendors of milk where samples have failed to reach the standard. In appropriate cases vendors were warned, but where the explanation given was not considered satisfactory, police court proceedings were instituted. In 9 cases during the year prosecutions were undertaken. The table below gives the results of such proceedings :—

TABLE XIV.

Milk.	Deficiency.	Defence raised.	Results.
Sample No. 144	24.34% milk fat ...	Warranty ...	£5 fine costs £3 3s.
„ „ 145	23% milk fat ...	Warranty ...	Costs
„ „ 164	14.67% milk fat ...	“As given by Cow ”	Dismissed
„ „ 184	34.67% milk fat ...	“As given by Cow ”	£2 10s. fine Costs £3 3s.
„ „ 192	8.6% milk fat ...	“As given by Cow ”	£1 fine, Costs £2 2s.
„ „ 205	10.66% milk fat and 27.30% milk solids other than milk fat	“As bought by Dairyman ”	£3 fine, Costs £2 12 6
„ „ 241	1.88% milk solids other than milk fat	“As given by Cow ”	Dismissed
„ „ 242	8.01% milk solids other than milk fat	“As given by Cow ”	Fine £2 Costs £3
„ „ 252	9.77% milk solids other than milk fat	Warranty ...	Fine £2, Costs, £2 12 6

Milk and Cream Regulations, 1912 and 1917. All samples taken for the purposes of the Sale of Food and Drugs Acts are examined for the presence of preservatives. The following table shews the results of these examinations for the year ended 31st December, 1923 :—

TABLE XV.

1. Milk, and cream not sold as preserved cream.

(a) Number of samples examined for the presence of a preservative.	(b) Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk. 265	Nil.
Cream. 7	One sample containing 0.07 boric acid. *One " " 1.07 " "

Nature of preservative in each case in column (b) and action taken under the regulations in regard to it.

2. Cream sold as preserved cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(1) Correct statements made	...	...	3
(2) Statements incorrect	...	...	1
			—
Total	...		4
			—
(3) Percentage of preservative found			
in each sample			0.07, 1.07 boric acid.
Percentage stated on statutory			
label ... ..	...	...	...0.4 boric acid.

(b) Determinations made of milk fat in cream sold as preserved cream.

(1) Above 35 per cent.	...	...	5
(2) Below 35 per cent.	...	...	—
			—
Total	...		5
			—

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed. .. nil

(d) Particulars of each case in which the Regulations have not been complied with, and action taken.

*The sample referred to in paragraph 1 column (b) was an informal one, consequently no action could be taken, but a formal sample taken at the same premises—within a few hours of the receipt of the result of the analysis—was found to be quite free from preservatives.

Milk and Dairies (Amendment) Act, 1922, and Dairies, Cowsheds and Milkshops Order. One licence has been issued to a farmer in the borough for the production of “Certified” that is the highest quality of milk as defined by the Act. Six licences have been issued to 6 vendors of “Grade A (Tuberculin Tested)” milk. As previously explained, these designated milks

are required to maintain a very high standard of bacteriological purity, and 24 samples were examined during the year with a view to testing the maintenance of this standard. In only two instances did the milk fail to reach the required quality. These 2 samples were taken on the same day, a day on which the climatic conditions put a more than ordinarily severe test on the keeping qualities of milk. The Ministry of Health is still responsible for the issue and revocation of producer's licences and the result of bacteriological examinations carried out locally are always communicated to the Ministry. The control of vendors' methods and premises is the duty of local authorities.

Ten samples of milk were tested during the year for the presence of living tubercle bacilli. In one case living organisms were found. The question of the presence of the germs of bovine tuberculosis and the conveyance of the disease to the human subject has been a matter of grave concern for many years. In the case above referred to steps were taken to trace the source of the infection, a matter which presents difficulty. In the suspected herds one of the cows had been removed for slaughter between the date of taking the sample and the date of the report, and was found post mortem to be tuberculous. As no obvious source could be found by the veterinary inspector and further examination revealed no tubercle bacilli, it was assumed that the source of the infection had been removed. When the source of the milk is outside the borough the difficulties of tracing the source of infection are increased. The fact that in "Certified" and "Grade A (Tuberculin Tested)" milks the herds are required to pass a definite tuberculin test gives a practical guarantee of the freedom of these milks from tuberculosis.

Though much of the milk sold in the borough is subjected to a process of heating, no licences have been issued for the sale of pasteurized milk.

The demand for better quality milk has been well met by many farmers of the district who are to be congratulated on their enterprise. A very considerable proportion of the milk now sold in the borough is "Grade A (Tuberculin Tested)".

There are 38 wholesale traders and producers and 142 retail purveyors of milk registered in the borough. The sale of milk in small general shops with other miscellaneous goods must be the source of considerable contamination. With the powers now given to control the sale of milk it will be a matter for consideration by the authority to see how far such sale can be limited to more suitable premises. The quantities of milk sold by individual retailers is often small and loss entailed by refusing registration in these cases would be inconsiderable.

Meat Inspection. A high standard of meat inspection is maintained by the chief Sanitary Inspector who is also the meat inspector. Not less than 75 per cent. of the English meat used in the borough is slaughtered at the Corporation abattoirs where all meat comes under careful inspection. In so far as circumstances permit, meat slaughtered at private slaughterhouses is also inspected. The following table shews the amount of diseased or unsound food destroyed during the year ;—

TABLE XVI.

Unsound Food Seized or Surrendered.	For Tuberculosis.	For other causes.
77 carcasses of beef	45	32
21 parts of carcasses of beef	15	6
18 carcasses of veal	—	18
46 carcasses of pork	28	18
20 carcasses of mutton	—	20
444 heads or internal organs of beasts, pigs or sheep	289	155
125 lbs. of pork	—	125 lbs.
217 lbs. of beef (imported)	—	217 lbs.
144 lbs. of mutton (imported)	—	144 lbs.
566 tins of assorted foodstuffs (imported)	—	566 tins
2 barrels of shellfish	—	2 barrels
1833 lbs. of fish	—	1833 lbs.

Reference is made above to the new and improved method of disposal of unsound meat.

HOUSING.

Nothing new can be added to the comments on the housing situation contained in previous reports. The shortage of houses still remains acute. It will be seen that 131 new houses were erected during the year, of which 20 were part of the municipal housing scheme. Many of these houses are not such as would ordinarily be occupied by persons of the working classes, so that the total of small houses erected will barely meet the normal requirements of the increasing population and will do little if anything to reduce the established shortage of cottage property.

Many of the houses at present occupied are in such a condition as to be unfit for habitation and would be closed but for the lack of alternative accommodation for the tenants who would be displaced. The number of applicants for houses remains as high as it was two years ago.

Action taken under the Housing Acts must be governed by the shortage of houses but the powers conferred for the repair of dwelling houses have been exercised to the full.

The following table in the form required by the Ministry of Health shews the work carried out under the Acts during the year :—

TABLE XVII.

Number of new houses erected during the year :—

(a) Total	131
(b) as part of a municipal housing scheme	20

I. Inspection.

(1) Total number of dwelling houses inspected for housing defects (under Public Health and Housing Acts)	1268
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	1039
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	*0
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	814

* As the standard of fitness of dwelling houses at the present time is very low on account of the shortage, this in no way represents the true conditions.

II. Remedy of defects without service of formal notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers.	781
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III. Action under Statutory Powers.

A. *Proceedings under Section 28 of the Housing, Town Planning, etc., Act, 1919.*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	30
(2) Number of dwelling-houses which were rendered fit :—	
(a) by owners	†26
(b) by Local Authority in default of owners	*2
(3) Number of dwelling-houses in respect of which closing orders became operative in pursuance of declaration by owners of intention to close	—

† Including 3 outstanding from 1922.

* Outstanding from 1922.

B. *Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	2
(2) Number of dwelling-houses in which defects were remedied :—	
(a) by owners	2
(b) by Local Authority in default of owners	*1

* Outstanding from 1922.

C. *Proceedings under Sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909.*

(1) Number of representations made with a view to the making of closing orders	—
(2) Number of dwelling-houses in respect of which closing orders were made	—
(3) Number of dwelling-houses in respect of which closing orders were determined, the dwelling-houses having been rendered fit ...	—
(4) Number of dwelling-houses in respect of which demolition orders were made	—
(5) Number of dwelling-houses demolished in pursuance of demolition orders	—

Local Acts, Adoptive Acts, Byelaws, etc.

(a) *Local Acts.* There are numerous local acts and orders dealing more or less with health matters. These date from 1826 onwards. The most important of these are the Reading Corporation Act, 1881, which provides *inter alia* for the notification of measles.

The Reading Corporation Act, 1914.

Section 51 requires food storage accommodation in new houses.

Section 67 gives power to require names of laundrymen to whom clothes, etc., from infected houses are sent.

Section 68 empowers the Medical Officer to examine the inmates of common lodging houses during prevalence of dangerous infectious disease.

Section 69 regulates removal of bodies of persons dead of infectious disease.

Section 70 empowers the Corporation to compensate persons requested to cease employment on account of infectious disease.

Section 71 regulates the manufacture and sale of ice cream.

Section 72 prohibits blowing or inflating of carcasses by mouth.

Section 73 prohibits the use as a sleeping room of any room in which food is sold or prepared for sale.

Section 74 gives power to require the cleansing of houses infested with vermin.

Section 75 empowers the Corporation to take measures for the cleansing of verminous persons.

(b) *General Adoptive Acts.*

Infectious Disease (Prevention) Act, 1890, except Sections 6, 15 and 19.

Public Health Acts (Amendment) Act, 1890, Part 3.

Public Health Acts (Amendment) Act, 1907, Sections, 78, 80, 84, 85, 86, 87, 88, 89, 90 and 91.

(c) *Byelaws.*

Common Lodging Houses	...	...	...	...	...	...	1886
Offensive Trades	...	...	...	...	...	...	1886
Cleansing of Footways and Pavements, cleansing of Earthclosets and Privies, Prevention of Nuisances from snow, filth, dust, ashes and rubbish, and Prevention of keeping of Animals on premises so as to be injurious to health	...	...	...	...	...	...	1886
Public Baths	...	...	...	...	...	...	1903
Attendance of Children at School...	...	...	...	...	...	...	1905
Sanitary Conveniences	...	...	...	...	...	...	1910
Good Rule and Government	...	...	...	...	...	...	1911
Unauthorised Persons on Elementary School Premises	...	...	...	...	...	...	1912
Means of Escape in case of Fire in certain Factories and Workshops							1913
Employment of Children and Street Trading	...	...	...	...	...	...	1920
Slaughter houses	...	...	...	...	...	...	1921 and 1923
Slaughter houses provided by the Corporation					...	...	1921 and 1923
New Streets and Buildings	...	...	...	...	...	...	1923

(d) *Regulations.*

Drainage	...	...	...	...	...	...	1896
Dairies, Cowsheds and Milkshops	...	...	...	...	...	...	1907
Keeping of Registers by Sheep Dealers	...	...	...	...	...	...	1920
Glanders or Farcy	...	...	...	...	...	...	1921

COUNTY BOROUGH OF READING.

Annual Report

OF THE

School Medical Officer

FOR THE YEAR

1923.

STAFF.

Medical Officer of Health and School Medical Officer.

H. J. MILLIGAN, M.C., M.D., D.P.H.
of Gray's Inn, Barrister-at-Law.

Senior Assistant School Medical Officer.

J. MAXWELL TAYLOR, M.A., M.B., Ch.B., D.P.H.

Assistant School Medical Officer.

AGNES BERNFELD, L.S.A., D.P.H.

*Assistant School Medical Officer (part time)
and Certifying Officer under the Mental Deficiency Act.*

J. A. P. PRICE, B.A., M.D.

Dental Surgeon.

MARION SMITH MACKINNON, L.D.S.

Nursing Staff.

Miss E. DOWNS.
Miss J. STIMSON.
Miss O. HEMINGWAY.
Miss V. M. SCOTT.

Clerical Staff.

Miss W. M. DIX. Miss P. L. DAY.

COUNTY BOROUGH OF READING.

OLD COLLEGE BUILDINGS,
ST. LAURENCE'S CHURCHYARD,
READING.

**TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE.**

Ladies and Gentlemen,

I beg to submit the Annual Report of the School Medical Department for the year 1923.

With a view to reducing clerical work, the Board of Education has remodelled the statistical returns and the report is therefore presented in accordance with the new requirements of the Board.

The number of children examined is slightly greater than during the previous year and represents more than one third of the average attendance.

The results of the examination shew a gradual improvement in the health conditions of school children.

An interesting comparison is given shewing the differences in physique between Reading children and American children of similar ages.

The agreement with the Royal Berkshire Hospital for the operative treatment of tonsils and adenoids has been completed and the arrangements are working satisfactorily.

The work of the Ear Clinic has been extended by the installation of apparatus for the ionization treatment of discharging ears. Your attention is directed to the report by Dr. Bernfeld on this subject.

The appointment of Miss Marion Smith Mackinnon, L.D.S., to succeed Mr. Adderley has enabled the dental clinic to be continued successfully.

My thanks are due to my medical colleagues and the staff of the department for their work during the year and particularly to Dr. Taylor for the detailed work in the preparation of this report.

I am,

Your obedient servant,

H. J. MILLIGAN,
School Medical Officer,

March, 1924,

READING EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR (Frederick Alfred Cox, Esq., J.P.).

Aldermen.

Sir GEORGE STEWART ABRAM, B.A., M.B., J.P. EDWARD JACKSON, J.P. (Vice-Chairman).
STANLEY HAYWARD, J.P.

Councillors.

ARTHUR FRANK CLARK.	FREDERICK ARTHUR SARJEANT, C.B.E., J.P.
FREDERICK WILLIAM DORMER.	WILLIAM HENRY SHORT.
EDWARD OLIVER FARRER, J.P.	EDITH MARY SUTTON, J.P.
WILLIAM ROLAND HOWELL.	LEONARD GOODHART SUTTON, C.B.E., J.P.
ALICE JENKINS, J.P.	(Chairman).
THOMAS NORRIS.	ARTHUR WILLIAM ALFRED WEBB.
LORENZO EDWARD QUELCH, J.P.	FRANK WINTER.
JOHN RABSON, J.P.	

Co-opted Members.

MR. WILLIAM MACBRIDE CHILDS, M.A., J.P.	MISS HELEN ELIZABETH MUSSON, M.A.
MR. HERBERT SAMUEL COOKE, M.A.	MR. WILLIAM EDWARD SIMKINS, B.Sc.
MR. FREDERICK WILLIAM HALL, M.A.	THE REV. H. R. COOPER-SMITH, D.D.
MISS ELIZABETH JANE MARRIAGE.	

SCHOOL MEDICAL SERVICES SUB-COMMITTEE.

HIS WORSHIP THE MAYOR (Frederick Alfred Cox, Esq., J.P.).

Aldermen.

Sir GEORGE STEWART ABRAM, B.A., M.B., J.P. EDWARD JACKSON, J.P.*
STANLEY HAYWARD, J.P.

Councillors.

ARTHUR FRANK CLARK (Vice-Chairman).	EDITH MARY SUTTON, J.P.
EDWARD OLIVER FARRER, J.P.	LEONARD GOODHART SUTTON, C.B.E., J.P.
ALICE JENKINS, J.P.	ARTHUR WILLIAM ALFRED WEBB.
LORENZO EDWARD QUELCH, J.P.	FRANK WINTER.
JOHN RABSON, J.P. (Chairman).	

Co-opted Members.

MR. HERBERT SAMUEL COOKE, M.A.	MISS HELEN ELIZABETH MUSSON, M.A..
MISS ELIZABETH JANE MARRIAGE.	MR. WILLIAM EDWARD SIMKINS, B.Sc.

* Ex-officio.

SUMMARY.

The following tabular statement represents the numbers of children who came under review by the officers of the school medical department during the year :—

Children in average attendance at elementary schools	...	...	...	...	...	12,235
Elementary school children examined	...	...	...	...	...	4,445
Examined at secondary schools	...	...	...	...	...	318
Miscellaneous examinations (employed boys, etc.)	...	...	...	...	...	251
Treated at minor ailments clinic	...	...	...	...	...	1,221
Treated at ringworm clinic	...	...	...	...	...	88
Treated at eye clinic	...	...	...	...	...	317
Treated at ear clinic	...	...	...	...	...	129
Examinations by school dentist	...	...	...	...	...	4,799
Treated by school dentist	...	...	...	...	...	2,554
Total attendances at various clinics	...	...	...	...	...	17,143
Children examined by nurses for cleanliness	...	...	...	...	...	36,664
Home visits by nurses	...	...	...	...	...	3,208
Number of baths given to children	...	...	...	...	...	375
<hr/>						
Number of meals provided for school children	...	...	...	...	...	38,975

COUNTY BOROUGH OF READING.

Medical inspections have been carried out in all the schools of the borough in accordance with the requirements of the Board of Education. The inspections embrace the scholars in attendance at Reading School and the Kendrick School for girls.

In the 33 elementary schools there are 13,616 children on the rolls, with an average attendance of 12,235. There are 67 separate departments.

At Reading School there is an attendance of 455 day boys and 100 boarders. There are 221 girls attending Kendrick School.

ADMINISTRATION.

The administrative arrangements are the same as in previous years. Medical inspection work is completely co-ordinated with the work of other medical departments of the Corporation.

All treatment is carried out at the school clinic where separate rooms are available for the medical inspectors, dentist, nurses and clerical staff. The absence of a recovery room, especially for children attending the dental clinic, is particularly felt.

The arrangements for routine medical inspection have been altered to enable the doctors to visit each school once during every term, that is, three times annually instead of twice, as formerly. Two additional visits are made for re-inspections. In this way the work is distributed more evenly throughout the year.

Special accommodation in the teachers' room or otherwise is available for medical inspection in 23 of the 33 schools. In 3 instances the Parochial Hall adjoining the school is used and in the remaining schools the examinations are conducted in a classroom.

CO-OPERATION OF PARENTS, TEACHERS, AND ATTENDANCE OFFICERS.

The attendance of parents at the medical inspections continues to show steady improvement, 56 per cent. being present during the year. As in previous years the parents attend the medical examinations in the infant departments much better than those of the older boys and girls.

There is complete co-operation between the school medical departments and the attendance department. Information acquired by the school attendance officers in regard to the nature and duration of illnesses is now entered on the medical record card. In this way a full medical history of the child is available at the date of the routine inspection.

The school attendance officers also bring large numbers of children to the clinic for examination when the doctors give certificates as to fitness of the child to attend school.

The teachers in the borough have given their heartiest support to the work of school medical inspection.

SCHOOL HYGIENE.

The usual sanitary survey has been carried out in all schools during the year, and although in general the condition of the schools is highly satisfactory, certain defects have at different times been reported to the Committee. The artificial lighting leaves much to be desired in many of the schools and it is hoped that the arrangements for improving the lighting already made by the Committee can be expedited. As already reported, a want of cleanliness has been observed in some schools, and the heating, especially in some of the infant departments, leaves something to be desired.

Dr. Taylor has carried out a series of observations with the Kata-thermometer, an instrument designed to measure the cooling power of the air and thus provide a test of the efficiency of the ventilation. This instrument has been largely used in industrial life. Ventilation is mainly effected by opening windows and the instrument records shew that the results are generally satisfactory. The design of the building, for example, in schools of the central hall type, makes window ventilation a matter of greater difficulty.

MEDICAL INSPECTION IN THE ELEMENTARY SCHOOLS.

In accordance with the requirements of the Board of Education, the following children in the elementary schools must be examined each year :—

- (a) All children admitted to school during the year.
- (b) All children between 8 and 9 years of age.
- (c) All children between 12 and 13 years, together with all older children who have not been examined after reaching the age of 12.

It has been found advisable to re-examine as entrants at age five, all children who have been admitted to the school and examined at age three. Otherwise too long an interval would elapse before they would be due for examination on reaching the age of eight years.

The scheme thus provides for the routine examination of children three times during their school life. In the event of any child being found by the teachers or school attendance officers to require examination for particular defects, special examinations are arranged by the doctors either at the clinic or at the school.

The following series of tables set out the number of children examined in the various groups with the results of the examinations.

All the tables given on the succeeding pages have been remodelled in accordance with a recommendation of the Board of Education which is intended to reduce the amount of clerical work and also aid the Board in analysing the returns.

TABLE I.

A. Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	..	...	...	...	...	1529
Intermediates...		...	...	...	...	1377
Leavers	...	...	...	...	...	1448
						4354
Total						4354

Number of other Routine Inspections :—91

B. Other Inspections.

Number of special Inspections	...	...	...	1781
Number of re-inspections	...	...	...	8507
Total				<hr/> 10,288

The number of children inspected at routine examinations represents 35 per cent. of the average attendance.

The following statement gives a comparison of the work done during the past four years :—

	1920	1921	1922	1923
“ Routine ” Examinations	4,290	5,024	4,386	4,445
“ Special ” Examinations	1,005	2,137	1,450	1,781
Re-examinations	2,489	4,403	2,798	8,507

In the recommendation above referred to the Board of Education state that all children who come up for re-inspection either at the school or the clinic should be included in the return. In previous years only re-inspections at the school were included, so that the returns under this heading are not strictly comparable.

PHYSICAL DEFECTS.

Table II. (pp. 57-58) shews in detail the character of the physical defects from which school children are found to suffer.

Table IIb. is especially interesting, as shewing the numbers in each group who suffer from defects of such a nature as in the opinion of the medical examiners requires treatment.

Uncleanliness and dental defects are excluded. The appointment of a School Dentist has made the care of the teeth a special charge and the results are seen elsewhere in the report.

It will be noted that the entrants shew the lowest percentage of defects, but the return might be misleading unless it is understood that the eyesight is not tested, most of the infants being unable to read the test types used. It is satisfactory to note that the percentage of defect amongst children at the school leaving age is smaller than at the intermediate period. It is the aim of school medical work to remove as far as possible all remediable defects before the child leaves school. That this is no mean task will be seen from the fact that approximately one child in every ten requires medical treatment.

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1923.

Defect or Disease.						Routine Inspections. No. of Defects.		Specials. No. of Defects.	
						Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	11	82	14	3
Uncleanliness	{	Head	...	...	...	388	4	15	...
		Body	...	...	...	79	5	10	...
Skin	{	Ringworm	{	Scalp	...	4	...	86	...
			{	Body	...	3	...	75	...
	{	Scabies	..	...	...	2	...	5	...
		Impetigo	..	...	...	36	...	447	...
		Other Diseases (Non-tubercular)			...	36	3	105	...
Eye	{	Blepharitis	...	...	...	23	2	47	...
		Conjunctivitis	...	...	...	6	...	51	...
		Keratitis	...	...	...	...	...	2	...
		Corneal Opacities	...	...	...	..	...	...	...
		Defective Vision (excluding squint)			...	103	125	62	...
		Squint	...	...	...	32	46	12	1
Ear	{	Other Conditions	..	...	...	3	...	18	...
		Defective Hearing	..	..	...	42	8	15	1
		Otitis Media	...	...	..	30	5	62	...
Nose and Throat	{	Other Ear Disease	..	...	..	...	1	16	...
		Enlarged Tonsils only	...	...	...	26	77	10	4
		Adenoids only	...	...	...	4	25	1	1
		Enlarged Tonsils and Adenoids			...	10	13	1	...
Teeth—Dental Disease	{	Other Conditions	...	...	...	24	183	62	6
		Enlarged Cervical Glands (non-tuberculous)	..	...	...	2	3	7	1
		Defective Speech	...	...	...	8	5	1	1
		Teeth—Dental Disease	...	...	...	202	...	26	...
Heart and Circulation	{	Heart Disease :—Organic			...	...	10	...	3
		Functional			...	...	7	...	2
		Anæmia			...	3	5	11	1
Lungs	{	Bronchitis	...	...	...	...	...	...	...
		Other Non-Tuberculous Diseases			...	7	45	6	3
Tuberculosis	{	Pulmonary :—			...	...	...	...	...
		Definite			...	...	...	...	...
		Suspected			..	5	5	1	...
		Non-Pulmonary :—Glands			...	...	..	3	...
		Spine			...	...	1	...	...
		Hip			...	...	...	2	...
		Other Bones and Joints			...	1	..	1	...
Nervous System	{	Skin	...	...	...	1	...	..	...
		Other forms	...	...	...	1	2	...	...
		Epilepsy	...	...	...	...	2	1	...
		Chorea	...	...	...	...	..	8	1
Deformities	{	Other Conditions	...	...	...	6	4	1	...
		Rickets	...	...	...	1	..	1	1
		Spinal Curvature	...	...	...	...	59	...	2
Other Defects or Diseases	{	Other Forms...	...	...	...	...	78	2	1
		Other Defects or Diseases	..	..	..	27	26	521	14

TABLE II. (*continued*)

B. Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Code Groups—			
Entrants	1529	120	7.8
Intermediates	1377	153	11.1
Leavers	1448	132	9.1
Total (code groups)	4354	405	9.3
Other routine inspections	91	14	15.0

The following short table will indicate in a manner that will be readily appreciated, the character of the defects that are found.

School medical work is intended to equip children physically for their adult life. The table shews that the majority of these defects are of such nature as will adversely affect these children in competition with their fellows and also that many of them are removable.

Defect or Disease.	No. of children referred for treatment or observation.	Percentage of total "routine" examinations.
Malnutrition... ..	93	2.09
Defective Vision (including squint)	306	6.0
Enlarged tonsils or adenoids, or both	155	3.5
Defective hearing	50	1.12
Otitis media, or running ears	35	0.8
Skin Diseases	84	1.88
Tuberculosis, definite or suspected	16	0.36

NUTRITION.

The heights and weights of children at corresponding ages are probably the most reliable guide to their physical well-being.

The collection year by year of these records provides a valuable standard and in regard to individual children the relation of height to weight is of greatest utility. If a child's weight does not conform to its height the cause should be sought and fortunately it is in most cases removable.

In previous years we have given returns which shew that Reading children compare favourably with other children of the same age in other parts of the country.

An interesting comparison is given below between the heights and weights of Reading children examined during the past three years and American children of similar ages.

Elementary Schools.

Height in Inches.

1923			American children.	Reading children, 1921.	Reading children, 1922.
Age.	No. of children.	Av. height Reading children.			
5 $\frac{3}{12}$ (boys)	352	41 $\frac{1}{2}$	42 $\frac{1}{4}$	40 $\frac{3}{4}$	40 $\frac{3}{4}$
(girls)	378	40 $\frac{1}{4}$	41 $\frac{3}{4}$	40 $\frac{3}{4}$	40 $\frac{1}{4}$
8 $\frac{3}{12}$ (boys)	643	46 $\frac{3}{4}$	49	47	47 $\frac{1}{2}$
(girls)	620	46 $\frac{1}{2}$	48 $\frac{1}{4}$	46 $\frac{3}{4}$	46 $\frac{3}{4}$
12 $\frac{3}{12}$ (boys)	660	54 $\frac{3}{4}$	56 $\frac{3}{4}$	54 $\frac{3}{4}$	54 $\frac{3}{4}$
(girls)	657	54	56	53 $\frac{3}{4}$	54

Weight in Pounds.

1923			American children.	Reading children, 1921.	Reading children, 1922.
Age.	No. of children.	Av. weight of Reading children.			
5 $\frac{3}{12}$ (boys)	352	38 $\frac{3}{4}$	42	40	41
(girls)	378	38 $\frac{3}{4}$	40 $\frac{3}{4}$	38 $\frac{1}{4}$	38
8 $\frac{3}{12}$ (boys)	643	52	55 $\frac{3}{4}$	51 $\frac{3}{4}$	52 $\frac{1}{2}$
(girls)	620	50	53 $\frac{3}{4}$	50	51 $\frac{1}{2}$
12 $\frac{3}{12}$ (boys)	657	73	79	73	74 $\frac{1}{2}$
(girls)	660	74 $\frac{1}{4}$	80 $\frac{3}{4}$	74	73 $\frac{1}{2}$

The methods of weighing and measuring appear to have been carried out under conditions similar to those in use here, and the children appear to be of comparable social status. Slight variations in measurements may be found due to variations in the ages in months, but these will not invalidate the general conclusions. The ages of the American children do in fact accord closely in months with these Reading children.

At each age the advantage in both height and weight rests with the American children, a superiority which becomes more emphasised in the older groups.

It would appear that those circumstances which assist growth in children are more favourable in America than in this country.

In both countries the figures show that the girls overtake the boys in stature by the time they reach the twelfth year, an advantage which they afterwards lose when the boys take on a new period of growth about 14 years. A further table shews the difference in the average height and weight of children attending two separate groups of schools in the borough. As in previous years the *Group B* schools appear to advantage at all ages, an advantage which in general increases with the years.

Grouped Schools.*

Age.	No. of Children.	Boys.		No. of Children.	Girls.	
		Hgt. in Ins.	Wgt. in lbs.		Hgt. in ins.	Wgt. in lbs.
5 Group A	50	40 $\frac{1}{2}$	40	61	39 $\frac{3}{4}$	37 $\frac{3}{4}$
Group B	86	41 $\frac{1}{2}$	40 $\frac{1}{2}$	87	41	39 $\frac{1}{4}$
8 Group A	101	46 $\frac{1}{4}$	50 $\frac{1}{4}$	87	45 $\frac{3}{4}$	48 $\frac{3}{4}$
Group B	151	47 $\frac{1}{2}$	53 $\frac{1}{2}$	128	46 $\frac{3}{4}$	50 $\frac{1}{4}$
12 Group A	71	53 $\frac{1}{4}$	70 $\frac{1}{2}$	91	54	72 $\frac{3}{4}$
Group B	168	54 $\frac{3}{4}$	74 $\frac{1}{4}$	190	55 $\frac{1}{4}$	76
12 Kendrick	—	—	—	24	56	82
12 Reading School	54	55 $\frac{1}{2}$	78 $\frac{3}{4}$	—	—	—

**Group A* Schools are St. Laurence's, Coley, Greyfriars, St. Giles' and St. Mary's.

Group B Schools are Alfred Sutton, Wilson and George Palmer.

CONTROL OF INFECTIOUS DISEASES.

Towards the end of the year the work of the infant departments of many of the schools was seriously interfered with by an extensive epidemic of measles, but the exclusions for scarlet fever and diphtheria were less than in the preceding year.

The number of children and the reasons for exclusion were as follows :—

	<i>Patients</i>			<i>Contacts.</i>		
Scarlet Fever	176	...	234
Diphtheria	36	...	80
Measles	793	...	...
Scabies, verminous conditions, etc.	390	...	...

As school closure in the case of measles has proved of questionable value in preventing the spread of epidemics, no schools were closed during the year.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

This census is always one of very great importance to the community. It includes what one may describe as the major catastrophies to health, mental and physical, amongst the child population. Many of these children are permanently handicapped and will be permanently more or less dependent.

There are 29 children in all who are blind, or deaf and dumb to such a degree as to seriously handicap them. It is not possible to cure the condition of these children, but much can be done to help them in their unfortunate situation. As mentioned elsewhere, the preventive aspect in regard to blindness is full of hope. Much of the blindness was due to venereal disease affecting the child at birth or through the later effects of inherited syphilis. The more efficient methods now employed are rapidly reducing the number of children with serious eye defects.

There is a large group of 108 children including those suffering from serious epilepsy whose mental instability constitutes a serious problem for the community. The ultimate solution of this problem is a social question rather than a medical one, but the gradually increasing measure of control will tend to diminish the transmission of these defects to future generations. The constantly increasing standard of knowledge of eugenics will tend towards the same end.

There are 96 children who are cripples in a physical sense. The most fertile sources of this crippling are tuberculosis and infantile paralysis. The former declines steadily with the years, but the cause and means of prevention of infantile paralysis, encephalitis lethargica, and other nervous infections, still elude us. Most of these children have received orthopaedic treatment, and many have been provided with surgical boots or other apparatus to assist their defects. They are fit to attend ordinary elementary schools and are probably happier there.

The virtual disappearance of rickets as a crippling disorder constitutes a triumph for the infant welfare movement. The child with crooked legs or a seriously twisted spine is now a sight that we are fortunately spared.

The remaining 204 children included in the census are practically all suffering from tuberculosis incipient or established. Many of them have quite a hopeful future. The policy pursued at the Tuberculosis Dispensary is to extend more and more the facilities of sanatorium treatment to children in whom the prognosis is always more favourable. The work of the open-air school has also a very valuable effect on these cases. The increasing co-ordination of health work is evidenced in that all of these children are under the care and observation of the Tuberculosis Officer. The total number of children included in the table represents three per cent. of the whole school population, and both socially and economically constitute a problem of considerable magnitude on account of the special arrangements which it is necessary to provide for them,

TABLE III. Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution	1	1	2
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools (including Whitley Special School) At other Institutions At no School or Institution ... ..	... ... 1 ... ...	... ... 2 ... ...	... ... 3
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools (including Whitley Special School) ... At other Institutions At no School or Institution	1 1	8	9 1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools (including Whitley Special School) At other Institutions At no School or Institution ... ..	... 10 ... 1	1 2	1 12 ... 1
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions At no School or Institution	57	36	93
	Notified to the Local Control Authority during the year.	Feeble-minded Imbeciles Idiots	3 1 ...	2	5 1 ...
Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools At no School or Institution ... ..	... ... ... 6	... ... ... 3	... ... ... 9
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools (including Whitley Special School) At no School or Institution	4 ...	5 ...	9 ...

TABLE III. (*continued*).

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions At no School or Institution	3 ... 2	1 ... 6	4 ... 8
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open-Air Schools At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions At no School or Institution ... ..	... ... 25 4	... ... 16 4	... ... 41 8
Physically Defective (cont.)	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools At Certified Day Open-Air Schools ... At Public Elementary Schools ... At other Institutions At no School or Institution ... ..	... 13 41 ... 12	... 18 36 ... 5	... 31 77 ... 17
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools ... At other Institutions At no School or Institution	3 ... 2 5	2 ... 1 5	5 ... 3 10
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	...	1	1
		At Certified Residential Cripple Schools ...	...	...	...
		At Certified Day Cripple Schools ...	15	14	29
		At Public Elementary Schools ...	29	34	63
		At other Institutions At no School or Institution ... ..	... 1	... 2	... 3

MEDICAL TREATMENT.

The details of all treatment carried out under the Authority's scheme are set out in the following series of Tables designed by the Board of Education.

TABLE IV.

Return of Defects treated during the Year
ended 31st December, 1923.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which
see Group V.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin :—			
Ringworm—Scalp	88	27	115
Ringworm—Body	54	24	78
Scabies	3	4	7
Impetigo	424	59	483
Other Skin Disease	78	61	139
Minor Eye Defects :— (External and other, but excluding cases falling in Group II.)	90	33	123
Minor Ear Defects	115	16	131
Miscellaneous :— (e.g., minor injuries, bruises, sores, chilblains, &c.	369	214	583
Total ...	1221	438	1659

A clinic is held each morning at which the nurses carry out the treatment of these lesser defects under the supervision of a doctor. The average daily attendance at this clinic is 40. The incidence of these minor ailments which in the main are due to lack of care and cleanliness, is on the whole decreasing.

RINGWORM OF SCALP CLINIC.

The total number of cases attending the clinic during the year was 88, of which 69 were new cases. The number of new cases discovered is diminishing each year, a fact to which the frequent head inspections carried out by the nurses have largely contributed.

Twenty-six of the children were treated by the X-ray method, the remainder being dealt with by local application. Many parents for various reasons still object to their children being treated by X-rays although that method is more speedy and is free from risk.

Eighteen children were still under treatment at the end of the year, 14 at the clinic and 4 under their own doctor.

DEFECTS OF NOSE AND THROAT.

Of all children examined at routine inspections, 362 were found to be suffering from a defect of the nose and throat, of whom 64 were requiring some form of active treatment.

The Committee has entered into an agreement with the Royal Berkshire Hospital by which all the necessary operative treatment for these conditions will be performed at the hospital. The cases requiring such treatment are selected by the school doctor and are seen by the operating surgeon a week before the date fixed for the operation. One session each month at a time set apart for school children is devoted to the operations. A School Medical Officer attends at the operation and the children are afterwards visited in their homes by the school nurses. The children make one attendance at the hospital after the operation to be seen by the surgeon. From October, when the agreement was entered into, until the end of the year, 14 operations had been performed, all of which were successful. It was not necessary to detain any of the children over-night, though provision has been made for such a contingency.

The arrangements made have been entirely satisfactory both to the Committee and to the hospital.

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number treated. (5)
14	24	38	15	53

EAR CLINIC.

The following report by Dr. Bernfeld shews the work at the clinic for the treatment of ear diseases including the later methods of dealing with chronic ear discharge which have given eminently satisfactory results :—

No. of attendances	...	...	...	...	...	577
No. of new cases	...	...	...	...	...	82
New cases classified :—						
Otorrhoea	...	...	...	...	...	58
Deafness without otorrhoea	...	...	...	...	...	19
No. sent to Royal Berks Hospital	...	...	...	...	...	4
No. referred to School Dentist	...	...	...	...	...	1

Summary of result of treatment :—				<i>Cured.</i>	<i>Still attending.</i>
Deafness without discharge	...	12	...	2	
Otorrhoea ... ..	...	20	...	14	
No. ceased attending	...	24			
No. cases referred to own doctor		10			

“ Since September, 1923, an additional clinic has been established for the treatment of chronic otorrhoea cases by zinc ionisation.

“ Before describing the work done at the second clinic, I should like to thank the Education Committee for purchasing the necessary apparatus, and to express my gratitude and sincere thanks to Dr. Friel, who took so much care and trouble in showing me how to select suitable cases, when taking a postgraduate course at the hospital to which he was attached ; also for his kindness in inviting me to attend his ear clinics for school children at Stepney and Kensington.

“ In the majority of cases, chronic otorrhoea is due to simple tympanic sepsis. Up to within the last few years, the only method of dealing with chronic otorrhoea was by means of syringing and free drainage, which removed the accumulation of discharge. In only a small percentage of cases and often only after years of treatment, were these cases cured.

“ The discovery by Professor Leduc, of Nantes, of electric ionisation provided us with a valuable aid to existing treatment.

“ Ionisation is a method of sterilising the ear in chronic otorrhoea, without irritating the tissues, and so long as the ear is kept sterile after this treatment, then the otorrhoea may be regarded as cured.

“ In this clinic the apparatus in use is known as the ‘ Leduc Rheostat ’ for ionisation and for this a solution of .25 per cent zinc sulphate is used. The needle is that invented by Dr. Friel for electrolysis.

“ For those interested in the actual details of electric ionisation, I strongly recommend Dr. Friel’s book on this subject.

“ This method of treatment has been in force here over three months, and in that period 28 cases have been treated. As far as it is possible to judge, I very diffidently claim 20 cases or 70 per cent. of the cases selected and treated by this method are cured. The remaining cases have definitely improved and are still receiving treatment.

“ Only one case, as yet, has proved a failure.

“ The examples shown on p. 67 are chiefly those treated in September, and in every case each ear received only one treatment.”

RECORD OF CHILDREN TREATED BY IONISATION FOR DISCHARGING EARS.

Date.	Age.	Sex.	Parent's Statement of duration of discharge.	Cause of Chronicity.	Treatment.	Result.
10/9/23	9	B	8 months ...	Tympanic sepsis, both ears	Ionised 3 m.a. 10 minutes	No discharge, last seen 8/12/23.
10/9/23	9	G	7½ years ...	Tympanic sepsis, both ears	Ionised 3 m.a. 10 minutes, 1/10/23 Pulv. Acid Boric	Faint trace of mucous right ear. No discharge since, last seen 5/1/24.
17/9/23	4½	B	1 year ...	Tympanic sepsis, left ear	Ionised 3 m.a. 10 minutes, 24/9/23 Pulv. Acid Boric 1/10/23 Pulv. Acid Boric	Faint trace of mucous. Faint trace of mucous. No discharge since, last seen 19/11/23.
17/9/23	11½	G	1 year 2 months	Tympanic sepsis, left ear	Ionised 3 m.a. 10 minutes, 24/9/23 Pulv. Acid Boric, 1/10/23 Pulv. Acid Boric, 13/10/23 Pulv. Acid Boric	Faint trace of mucous. Faint trace of mucous. Faint trace of mucous. No discharge since, last seen 1/12/23.
24/9/23	12¾	B	2½ years ...	Tympanic sepsis, both ears	Ionised 3 m.a. 10 minutes	No discharge since, last seen 17/12/23.
15/10/23	14½	G	8 years ...	Tympanic sepsis and polypoid granulations left ear.	Electrolysis 3½ m.a. 2 minutes, Ionised 3 m.a. 10 minutes	No discharge since, last seen 5/1/24.

OPHTHALMIC CLINIC.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or disease. (1)	Number of defects dealt with.			
	Under the Authority's scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the Report)	213	9	2	224
Other Defect or Disease of the Eyes (including those recorded in Group I.) ...	12	4	—	16
Total ...	225	13	2	240

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's scheme	... ..	184
(b) Otherwise	... ..	11

Total number of children who obtained or received spectacles :—

(a) Under the Authority's scheme	... ..	176
(b) Otherwise	... ..	11

One operation for squint at Royal Berkshire Hospital.

Two sessions of the clinic, one conducted by Dr. Price and one by Dr. Taylor, are held weekly.

During the year, 317 children, including 225 new cases, attended.

The total number of attendances was 967 and the average attendance was 12.

The following are the various errors of refraction from which the children suffered :—

Myopia	... ..	29
Myopic astigmatism	... ..	30
Hypermetropia	... ..	52
Hypermetropic astigmatism	... ..	73
External eye disease	... ..	12

Prescriptions for glasses were given to 184 children. The glasses are provided through the agency of the Committee, the parents paying such a proportion of their cost as their circumstances permit. Twenty-seven of the children were found not to require glasses, and 10 were referred to the Royal Berkshire Hospital on account of more serious conditions.

DENTAL CLINIC.

I am indebted to Miss Marion Smith Mackinnon, L.D.S., for the following record of dental work carried out during the year.

Miss Mackinnon took up duty in May, in succession to Mr. William Adderley, L.D.S. The work was thereafter continued with practically no loss of continuity.

It has not been possible to inspect all the schools this year owing to the greater number who have accepted treatment at the clinic. Although this in itself is satisfactory, the interval between school inspections will naturally become more prolonged.

It will be a matter for consideration whether those children whose parents consistently refuse treatment should not be entirely disregarded and effort concentrated on the six to eight year old groups and the following up of those children who regularly avail themselves of treatment when necessary.

In this way more effective treatment could be given to those who really wish it. Miss Mackinnon hopes in future to enlist the help of the older children and encourage them to become dentally responsible for their smaller brothers and sisters. If in this way children are taught early the proper care of the teeth and become interested in oral hygiene, much would be accomplished. The age when dentistry meant only toothache and extractions is rapidly passing, and people more and more realise the advantages of early treatment for the prevention of both local and general disease and for the retention of an efficient natural masticatory apparatus.

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist.

Aged :—

	5	...	—	
	6	...	669	
	7	...	862	
	8	...	927	
	9	...	533	
Age Groups	10	...	311	} Total—4,206
	11	...	285	
	12	...	219	
	13	...	264	
	14	...	136	
Specials	...	...	593	
Grand Total			4799	

(b) Found to require treatment ... 3347

(c) Actually treated 1988

(d) Re-treated as the result of periodical examination (4) ... 566

(2)	Half-days devoted to	{ Inspection 52 Treatment 349 }	Total	...	401
(3)	Attendances made by children for treatment			...	3065
(4)	Fillings	{ Permanent Teeth ... 1173 Temporary Teeth ... 186 }	Total	...	1359
(5)	Extractions	{ Permanent Teeth 467 Temporary Teeth 2657 }	Total	...	3124
(6)	Administrations of general anaesthetics for extractions				—
(7)	Other Operations	{ Permanent Teeth 445 Temporary Teeth 47 }	Total		492

Just over half the children who were referred for treatment accepted. This is a considerable improvement on the returns of preceding years and indicates that progress is undoubtedly being made. Amongst the acceptances 87 per cent. kept the appointments made for them at the clinic, a not unsatisfactory return when it is remembered that domestic and other reasons may often prevent mothers bringing their children.

Of all children examined, 65 per cent. are found to be in need of dental treatment.

Group V.—Uncleanliness.

- (a) Average number of visits per school made during the year by the School Nurses, 6.
- (b) Total number of examinations in the schools of children by School Nurses, 36,664.
- (c) Number of individual children found unclean :—

Heads dirty	...	7,468	Verminous	...	372
-------------	-----	-------	-----------	-----	-----
- (d) Number of children cleansed under arrangements made by the Local Education Authority, 320.
- (e) Number of cases in which legal proceedings were taken :—
 - (i) Under the Children Act, 1908 —
 - (ii) Under School Attendance Bye-laws... .. —

The examiners found the conditions in regard to uncleanliness amongst school children very similar to those of last year.

The number of children found to be actually verminous is markedly less than in previous years but the lesser degrees of uncleanliness still leave room for considerable improvement.

The nurses pay constant visits to the schools with the object of raising the standard and make a survey of all children in attendance.

Scabies, a disease which can be regarded as the result of uncleanliness, has declined almost to disappearance.

Amongst all the children examined, both routine and special, a total of 6,226, only 7 cases of scabies were found.

Scabies was unduly prevalent during the war, and many households were infected by returning soldiers. By careful isolation and continuous treatment at the clinic this very disturbing disease has been reduced to vanishing point.

The Committee's bathing station has been continued throughout the year and 320 children were cleaned under supervision. The number of baths has declined during the past two years and the explanation is especially satisfactory in that there has been less need for it.

The cleansing of heads by means of a patent comb has also been continued with satisfactory results, 379 children having been treated in this manner. It is, of course, always found that certain children relapse, but anyone conversant with elementary school conditions must be cognisant of the great improvement effected since the introduction of school medical inspection.

The following summary shews in general the work carried out by the nurses :—

Visits to homes	...	...	...	...	...	3208
Attendances at medical and dental inspections	...					395
Attendances at various clinics	...	...	...			802
Cleanliness surveys at schools	...	...	...			372

No legal proceedings were instituted by the Committee either under the Children Act or under the Attendance bye-laws. The N.S.P.C.C. have dealt with 76 cases affecting 145 children of school age during the year. In one case a prosecution was undertaken with the result that the mother was sent to prison and three children were boarded out with foster parents. In several cases parents were compelled to procure necessary medical attendance for their children.

CLINIC FOR MENTAL AND PHYSICAL DEFECTIVES.

At this clinic 94 children were inspected with a view to their admission to the Whitley Special School. All those found suitable have been admitted to the school. The following are the details of those examined :—

						Boys.	Girls.
Fit for ordinary school	...	...	...	...	...	7	7
Dull and backward	...	...	...	...	...	10	2
Feeble-minded	...	...	...	...	...	15	8
Physically defective	...	...	...	...	...	7	11
Phthisis and suspected phthisis	...	...	...	...	...	15	4
Imbeciles	...	...	...	...	...	2	1
Epileptic	...	...	...	...	...	...	1
Deaf	...	...	...	...	...	...	1
Moral Imbecile	...	...	...	...	...	...	1
Unfit for any school	...	...	...	...	...	1	1
						—	—
					Totals	57	37
						—	—

PHYSICAL TRAINING.

My thanks are due to the Assistant Organisers of physical training for the following report on their work during the year :—

“ The physical training shows steady progress there being evidence of sounder knowledge in regard to technique resulting in improved physique and deportment of the scholars,

“The voluntary staff physical training classes held during the winter session have been well attended and have clearly demonstrated the utility and importance of this branch of the work.

“A demonstration in hand ball work was given in September in the University College Hall. Ball bouncing and tossing to instrumental and vocal music was presented by the girls of the Edward Philip Collier Junior School, and ball team work by a class of senior girls from Battle Council School. Over three hundred of the teaching staff were present.

“Mass displays have been given on two occasions, about 350 boys from various schools taking part in each display. The work done was chiefly taken from the Board of Education syllabus.”

SPECIAL SCHOOLS.

I am indebted to Dr. J. A. P. Price for the following report on the work of the Special Schools :—

“The numbers in attendance and those admitted and discharged during the year are as follows :—

	Mentally. Defective School.		Physically. Defective School.		Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
On roll January, 1923 ...	56	35	25	21	31	24
Admitted during the year ...	11	9	6	14	13	3
Left during the year ...	10	8	6	10	16	4
On roll December, 1923 ...	57	36	25	25	28	23

LEAVERS.

	Mentally. Defective School.		Physically. Defective School.		Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
For Employment (Industrial)...	6	3	4	4	3	4
For Employment (Domestic) ...	...	2	...	...	...	...
Returned to Ordinary School ...	...	...	...	...	11	...
Too ill to attend ...	...	...	...	3	1	...
Left the District ...	1	...	1	1	...	...
For Deaf and Dumb School ...	...	...	...	2	...	...
Deceased ...	...	1	1	...	1	...
Mentally Unfit ...	3	2	...	...	...	...

MENTALLY DEFECTIVE SCHOOL.

“One hundred and eleven children attended during the year. The family history of these is interesting and indicative of the existence of various neuroses either in parents or near relatives. The analysis is as follows :—

	<i>Boys.</i>							<i>Girls.</i>	
Tuberculosis	1	...	5						
Syphilis	1	...	1						
Alcoholism	2	...	—						
Backwardness	3	...	6						
Mentally defective (including amentia and dementia)	17	...	11						
Epilepsy	4	...	6						
Not known and normal	39	...	15						

In addition to mental deficiency many of these children exhibit physical defects as follows :—

Nasal obstruction (tonsils and adenoids)	10
Defective vision	21
Defective hearing	5
Rickets	1
Infantile paralysis	2
Congenital heart disease	1

Noteworthy amongst the mentally defective are 7 moral defectives, 2 mongoloid, 3 epileptics and 1 slightly imbecile.”

PHYSICALLY DEFECTIVE SCHOOL.

“Sixty-six children attended during the year, and their physical defects are as follows :—

Defective vision	3
Defective hearing	6
Tuberculosis (osseous)	9
Tuberculosis (other than osseous)	4
Deformities	21
Nervous disorders	4
Heart disease	15
Other disorders	4

The majority of the deformities are due to infantile paralysis. Two of the deaf children have been sent to a Deaf and Dumb School.”

OPEN-AIR SCHOOL FOR TUBERCULOUS AND
PRE-TUBERCULOUS CHILDREN.

“Of the children attending this School 31 are regarded as definitely tuberculous and the rest are most probably so affected. Admissions are largely those recommended by the Tuberculosis Medical Officer (Dr. Minkley) and during their stay at school are kept under his observation.

A chart and record of their height and weight is kept for each child at the School ; careful regard is also given to the records in the arrangement of food, rest intervals and work.”

The following table shews the after careers of children who have formerly attended the three special schools. The table naturally varies at different times with the varying condition of the persons referred to, but will indicate in general their present condition :—

	Mentally Defective School.		Physically Defective School.		Open-Air School.	
	Boys.	Girls	Boys	Girls.	Boys	Girls.
1. Number of children who have left school since 1910	99	59	60	74	105	92
2. Number who—						
(a) have since died	4	6	5	8	2	2
(b) are known to be incapable by reason of mental or physical defect of undertaking employment	10	13	...	4	...	...
(c) are in attendance at an institution for further education	14	6	2	3	...	...
(d) are in any other institution	2	1	...	...	...	...
3. Number who are employed in—						
(a) Industrial or manual occupations ...	33	12	11	5	17	21
(b) Agricultural or rural occupations ...	...	...	...	1	5	...
(c) Domestic occupation, including those who are helping in the domestic work at home ...	...	16	1	18	3	25
(d) Commercial, professional or clerical work ...	...	...	5	10	2	5
(e) Blind alley or other precarious occupations ...	3	...	4	...	8	...
4. Number who have left the neighbourhood whose after-careers have not been traced	11	3	12	8	10	12
5. In the services or pensioned	7	...	...	...	3	...
6. Returned to ordinary schools ... ..	...	...	9	3	40	12
7. Transferred to other special schools	1	1	2	6	5	3
8. Children unfit to attend school	1	1	4	7	7	12
9. Unemployed	13	...	5	1	3	...
Totals ..	99	59	60	74	105	92

PROVISION OF MEALS.

The Provision of Meals Sub-Committee provided during the year 38,975 meals for school children. Up to the end of June dinners were supplied and, after that date, breakfasts. The meals are cooked centrally and distributed to three subsidiary centres in addition to the central dining room in Southampton Street. The manner of service and the quality and variety of food supplied continues to be very satisfactory.

SECONDARY SCHOOLS.

Medical inspection was carried out in Reading School and the Kendrick Girls' School with the results shewn in the appended table. As in previous years the general standard of health and physique is satisfactory. Though dental defects still constitute the largest single group of defects, the medical examiners report the increasing number of pupils who have had conservative work done to preserve the teeth. The more efficient methods of physical training are also shewing results in the decline in the number of defects of posture recorded.

It was found at later inspections that parents generally take energetic steps to have defects remedied.

TABLE IIA.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1923. SECONDARY SCHOOLS.

Number Examined ...				READING BOYS' SCHOOL.		KENDRICK GIRLS' SCHOOL.	
				209		109	
				Number referred for		Number referred for	
Defect or Disease.				Treatment.	Observation.	Treatment.	Observation.
Malnutrition ... ..				...	1	...	...
Uncleanliness	{	Head...	...	...	...	...	...
		Body..	...	..	1	...	...
Skin	{	Ringworm	{ Head ...	...	...	..	...
			{ Body ...	...	...	...	...
		Scabies	...	...	...	...	...
		Impetigo	...	...	...	...	...
		Other Disease (Non-tub.)	...	2	...	...	...
Eye	{	Blepharitis	...	1	2	...	...
		Conjunctivitis	...	...	...	..	...
		Keratitis	...	...	...	...	...
		Corneal Opacities	...	...	...	...	..
		Defective Vision	...	9	23	5	10
		Squint	...	..	1	...	...
		Other Conditions	..	...	6	...	...
Ear	{	Defective Hearing	...	...	3	1	1
		Otitis Media...	...	...	...	...	...
		Other Ear Disease	...	...	...	...	...
Nose and Throat	{	Enlarged Tonsils	...	...	7	...	..
		Adenoids	...	...	...	..	...
		Enlarged Tonsils & Adenoids	...	...	...	..	1
		Other Conditions	...	...	9	...	4
Enlarged Cervical Glands (non-tuber.) ...				...	2	...	...
Defective Speech .. ...				...	1	..	...
,, Teeth				44	...	20	...
Heart and Circulation	{	Organic	...	...	2	...	...
		Functional	...	...	2	...	...
		Anæmia	..	...	...	...	..
Lungs	{	Bronchitis	...	...	...	...	...
		Other non-tuber. disease	...	...	3	...	...
Tuberculosis	{	Pulmonary :—Definite	...	...	..	...	...
			Suspected...	...	1	...	...
		Non-Pulmonary :—Glands	...	...	...	...	...
			Spine	...	...	...	...
			Hips...	...	...	...	...
		Other bones and joints	...	...	...	...	...
		Skin	...	..	...	...	...
		Other forms	...	..	...	...	..
Nervous System	{	Epilepsy	...	...	...	...	...
		Chorea	...	...	...	...	..
		Other Conditions	...	...	2	...	...
Deformities	{	Rickets	...	...	...	...	...
		Spinal curvature	...	...	5	13	7
		Other Forms	..	...	14	1	1
Other Defect or Disease				1	5	2	..

EMPLOYMENT OF SCHOOL CHILDREN.

In accordance with the Bye-laws, 179 school children were examined in regard to their physical fitness for employment. Only 2 were refused the necessary certificate of fitness.

A great majority of the children (168) were employed delivering papers, the remainder being engaged on milk rounds.

MISCELLANEOUS EXAMINATIONS.

Twenty-eight student teachers and 44 scholarship candidates were examined.

